

ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE
 GREAT AMERICAN INSURANCE COMPANY
STANDARD APPLICATION
NEW YORK



NOTICE: THE INSURANCE COVERAGE FOR WHICH YOU ARE APPLYING IS WRITTEN ON A CLAIMS-MADE POLICY FORM. THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR CLAIMS WHICH ARE FIRST MADE DURING THE POLICY PERIOD, OR ANY EXTENDED REPORTING PERIOD. COVERAGE UNDER THE POLICY CEASES UPON TERMINATION OF THE POLICY, EXCEPT FOR AUTOMATIC EXTENDED REPORTING COVERAGE, UNLESS THE INSURED PURCHASES OPTIONAL EXTENDED REPORTING COVERAGE.

THIS POLICY MAY PROVIDE THAT CLAIM EXPENSES, INCLUDING LEGAL DEFENSE, ARE WITHIN AND REDUCE THE LIMIT OF LIABILITY AND ARE TO BE CHARGED AGAINST THE DEDUCTIBLE. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES MAY BE REDUCED BY UP TO 50% BY CLAIM EXPENSES FOR POLICIES WITH A LIMIT OF LIABILITY – EACH CLAIM OF \$500,000 OR GREATER. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES MAY BE EXHAUSTED BY CLAIM EXPENSES FOR POLICIES WITH A LIMIT OF LIABILITY – EACH CLAIM OF \$5,000,000 OR GREATER OR A DEDUCTIBLE OF \$100,000 OR GREATER. FURTHER NOTE THAT CLAIM EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE BY UP TO 50% OF THE DEDUCTIBLE AMOUNT FOR POLICIES WITH A LIMIT OF LIABILITY – EACH CLAIM OF \$500,000 OR GREATER. CLAIM EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE BY UP TO 100% OF THE DEDUCTIBLE AMOUNT FOR POLICIES WITH A LIMIT OF LIABILITY – EACH CLAIM OF \$5,000,000 OR GREATER OR A DEDUCTIBLE OF \$100,000 OR GREATER.

THE POLICY PROVIDES NO COVERAGE FOR CLAIMS ARISING OUT OF ACTS OR OMISSIONS IN THE PERFORMANCE OF PROFESSIONAL SERVICES WHICH TOOK PLACE PRIOR TO THE RETROACTIVE DATE.

THE POLICY PROVIDES FOR AUTOMATIC EXTENDED REPORTING PERIOD COVERAGE OF 60 DAYS AND OPTIONAL EXTENDED REPORTING PERIOD COVERAGE OF UP TO 7 YEARS. COVERAGE GAPS MAY ARISE AT THE EXPIRATION OF THE POLICY, AUTOMATIC EXTENDED REPORTING PERIOD OR OPTIONAL EXTENDED REPORTING PERIOD. DURING THE FIRST SEVERAL YEARS OF THE CLAIMS MADE RELATIONSHIP, CLAIMS-MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES, AND THE INSURED CAN EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASES, INDEPENDENT OF THE OVERALL RATE LEVEL INCREASES, UNTIL THE CLAIMS-MADE RELATIONSHIP REACHES MATURITY.

THE RETROACTIVE DATE MAY NOT BE CHANGED DURING THE TERM OF THE CLAIMS MADE RELATIONSHIP AND ANY EXTENDED REPORTING PERIOD.

PLEASE READ THE POLICY CAREFULLY.

Section 1 – General Information

Firm Name: _____ **Contact Name:** _____

Street Address: _____ *(Write separate mailing address in margin, if applicable)*

City: _____ **County:** _____ **State:** _____ **Zip Code:** _____

E-Mail Address: _____ **Website Address:** _____

In lieu of mailing my policy, you may email my policy to the above address. I agree to receive an electronic copy of my application with my policy.

Date Established: ____/____/____ **Phone#:** _____ **Fax#:** _____

Entity Type: CORPORATION/LLC SOLE PROPRIETORSHIP PC PARTNERSHIP/LLP OTHER

1. List all firm personnel/staff (*Part-time is fewer than 20 hours per week*):

	CPA's		Non-CPA's	
	Full Time	Part Time	Full Time	Part Time
Owners, Partners & Officers:				
Employed Accounting or Tax Professionals:				
Other Consulting Professionals (not included above):				
Administrative Staff:				
Total:				

2. Has the Firm's staff size changed +/- 25% during the past three years? Yes No

If Yes, explain: _____

3. List all additional entities for which the Applicant is seeking coverage or has assumed liabilities, including Predecessor Firms, firm name changes, merged/acquired entities, or additional business entities. N/A
Predecessor Firm means any firm no longer in existence for which the applicant firm obtained the majority of such firm's assets and liabilities.

Firm Name	Date Established (mm/dd/yy)	Date Dissolved (If applicable) (mm/dd/yy)	Confirm the following: 1. Dissolved 2. Name Change 3. Continue to Exist – (General Supplement Section 5 Required)	Percentage (%) of Assets / Liabilities Applicant Firm Assumed

4. List the largest three (3) branch offices by gross billings: N/A

City and State:			
Billings:			

5. Does the applicant firm share Office Space, Letterhead, Support Staff, or Clients with another firm? Yes No
If Yes, provide the name and sharing relationship: _____
Is the entity with whom you share space separately insured for professional liability? Yes No

6. Based on the Applicant's fiscal year-end data, provide the following gross revenue figures:

Next Fiscal Year (projected)	Current Fiscal Year (estimated)	Last Fiscal Year	Previous Fiscal Year
\$	\$	\$	\$

7. Complete the following grid for your three largest clients as a percentage of gross annual revenue for the past 12 months:

Name	Industry	Services Provided for Client	Percent of your Revenue Derived from Client	Number of Years you have Represented

8. Complete the following grid based on the firm's gross revenue for each category: *The total must equal 100%*

Type of Client	Percentage of Practice	Type of Client	Percentage of Practice
Individuals	%	Small Public Companies (<\$100M revenues)	%
Individuals – High Net Worth (>\$10M assets)	%	Large Public Companies (>\$100M revenues)	%
Small Private Companies (<\$100M revenues)	%	Trusts (>\$5M)	%
Large Private Companies (>\$100M revenues)	%	Other: (please specify): _____	%

Section 2 – Areas of Practice

9. Other than Life Insurance or non-funded Trusts, has anyone in the firm performed trustee duties on behalf of the firm? Yes No
If yes, complete General Supplement Section 4 - Trustee Supplement

10. In the past five years have any members of the firm exercised discretionary control over clients' funds other than bill pay, payroll, executor, or trustee services? Yes No
If yes, complete General Supplement Section 9 - Control of Client Funds Supplement

11. a. Has the firm, predecessors, or affiliates within the past 5 years performed SEC work other than audit work for publicly traded companies? Yes No
 b. Has the firm, predecessors, or affiliates within the past 5 years performed services, or consented to the use of the firm's work product, in connection with public or private offerings of securities, real estate, or other investments? Yes No
If yes to a. or b. above, complete General Supplement Section 6 - Securities Supplement

12. Within the past three years, has the firm provided:
 a. Professional services or received commissions, fees, reciprocity or revenue for referrals in connection with the sale or promotion of any investments or tax shelters, including investment partnerships designated for tax shelters? Yes No
 b. Recommendations as to the sale or purchase of any investments, including specific stocks, bonds or other securities for which the firm received compensation? Yes No
 c. Asset management or investment advisory services? Yes No
If yes, is the firm registered with the SEC as an investment advisor? Yes No

*If yes to a., b. or c. above, complete General Supplement Section 1 - Financial Advisory Services Supplement
 If the firm is registered with the SEC as an investment advisor, also attach a copy of Form ADV, Part 2.*

13. Within the past five years, has the firm provided Professional Services to Financial Institutions? Yes No
If yes, complete General Supplement Section 7 - Financial Institution Supplement

14. Complete the following grid with respect to total **audit fees** for the past year from all insured entities:

Client Industry	Estimated No. of Clients	Estimated percentage of total audit fees
Agribusiness – not including Grain Elevators		
Agribusiness – including Grain Elevators		
Automotive/Dealerships		
Banks / Financial Institutions		
Broker Dealers		
Construction		
Defined Benefit Pension Plans		
Employee Benefits Plan		
Entertainment Services		
Government / Local Municipalities		
Government / Federal		
Government / School Districts		
Healthcare		
Insurance		

Client Industry	Estimated No. of Clients	Estimated percentage of total audit fees
Investment Companies & Funds: Hedge Funds and funds of funds		
Investment Companies & Funds: Other		
Manufacturing		
Media		
Mining/Oil & Gas		
Not-for-Profit		
Real Estate		
Retail		
Service Providers		
Transportation		
Unions		
Warehousing/Distribution		
Other (please describe)		

15. Excluding activities as a receiver or trustee in bankruptcy, within the past three (3) years has the Firm rendered any audit, review or attest services for a client that subsequently declared or filed bankruptcy, defaulted on a debt obligation, or became insolvent? Yes No

If yes, please complete the following chart, using a separate sheet if necessary:

Name of Client and Client Industry	Date of bankruptcy, Default or Insolvency	Services Performed & Dates when those services were performed by the Firm	Type of Audit Opinion	Going Concern Reference <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

16. Provide the percentage of gross annual billings for each of the following areas of practice in which the Firm has engaged during the past 12 months. Note the combined total areas of practice must equal 100%. **For each area of practice the Firm engages in that is referenced by an *, please complete the appropriate portion of the General Supplement available from your broker.** Check the corresponding box next to each Area of Practice if the firm uses engagement letters.

Area of Practice	%	Engagement Letters Used?
Administrator, executor or ERISA Trustee		<input type="checkbox"/>
Audit: Non-Public		<input type="checkbox"/>
Audit: Public**		<input type="checkbox"/>
Bankruptcy Trustee or Receiver		<input type="checkbox"/>
Bookkeeping/Write-ups/Payroll Processing		<input type="checkbox"/>
Business Valuations		<input type="checkbox"/>
Compilations		<input type="checkbox"/>
Consulting (Describe)		<input type="checkbox"/>
Data Processing Services		<input type="checkbox"/>
Debenture Financing/Bonds		<input type="checkbox"/>
Fiduciary – Non-Trustee*****		<input type="checkbox"/>
Financial Advisory Services*		<input type="checkbox"/>
Forecasts and Projections		<input type="checkbox"/>
Forensic Accounting		<input type="checkbox"/>
Hardware/Software Consulting		<input type="checkbox"/>

Area of Practice	%	Engagement Letters Used?
Hardware/Software Sales		<input type="checkbox"/>
Limited Partnership and Tax Sheltered Syndication		<input type="checkbox"/>
Litigation Support		<input type="checkbox"/>
Management Advisory Services		<input type="checkbox"/>
Mergers & Acquisitions		<input type="checkbox"/>
Reviews		<input type="checkbox"/>
Securities including Federal and State Securities****		<input type="checkbox"/>
Securities: Other*****		<input type="checkbox"/>
Tax: Business		<input type="checkbox"/>
Tax: Estate		<input type="checkbox"/>
Tax: Individual		<input type="checkbox"/>
Trustee Services***		<input type="checkbox"/>
Other (Describe)		<input type="checkbox"/>
TOTAL MUST EQUAL 100%	100%	

General Supplement

* Section 1 Financial Advisory Supplement	p.1	**** Section 6 Securities Supplement	p.4
** Section 2 Public Audit Supplement	p.2	***** Section 9 Control of Funds Supplement	p.6
*** Section 4 Trustee Supplement.	p.3		

Section 3 – Risk Management

17. Do you have a procedure in place requiring second qualified professional reviews of all Audit and Attest Services? . N/A Yes No
18. If you are a sole practitioner providing audit services, have you made arrangements for another CPA to perform a cold review for those services? N/A Yes No
19. How many of the firm's current professionals have completed a risk management seminar or equivalent program within the past 3 years?

20. In the past five years has any professional in the firm rendered Professional Services for any client in which any insured or spouse owned an equity interest of more than 10%, or served as a Director, Officer, Partner or Employee of a client? Yes No
If yes, please complete General Supplement Section 3 - Outside Interest Supplement.
21. How does the firm maintain its conflict of interest avoidance system? (Please check all applicable categories)
 Computer Index File Conflict Committee Oral/Memory Other
22. If a conflict or potential conflict exists does the firm require written disclosure to all parties? Yes No
23. Do you maintain a computerized calendar control system to ensure timely completion of reports, filings and tax returns? . Yes No
24. Has the firm undergone a peer or quality review? Yes No Date of Review: _____/_____/_____
Result: Pass Pass with Deficiencies Fail
For pass with deficiencies, or fail result, attach a copy of the report and details of corrective action.
25. In the past three years, how many times has the firm sued in order to collect unpaid client fees? _____
If any fee suits, please complete table below, using a separate sheet if more space is needed.

	Client No. 1	Client No. 2	Client No. 3
Name of Client:			
Professional Services:			
Date Suit Filed:			
Amount of Dispute:			
Has the SOL Run?			
Status:			

Section 4 – Coverage History

26. Please provide the following information about the Firm's professional liability insurance for the previous five years:
- | Insurance Company | Policy Period | Limits/Deductibles | Premium | Retroactive Date |
|-------------------|---------------|--------------------|---------|------------------|
| | | | | |
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27. During the past five years, has any insurance carrier canceled or refused to renew the professional liability insurance policy covering the Firm or any of the Firm's owners, members or employees (regardless of what Firm he or she owned or was employed by at the time) for any reason other than the carrier's withdrawal from the market Yes No
If yes, please provide details, including the name of the carrier, the dates and the reason for this action.
28. Has the firm ever purchased an Extended Reporting Period? Yes No
If yes, please provide details.

Section 5 – Claim/Disciplinary History:

29. After inquiry, is the Applicant, or anyone to whom this insurance will apply, aware of any of the following within the past 5 years:
- a. Professional Liability claim made against them? Yes No
- b. Act, omission, or fee dispute in the performance of professional service for others which might reasonably be expected to be the basis of a claim or suit against them? Yes No
- c. Complaint, disciplinary action, investigation or license suspension/revocation by any regulatory authority? Yes No
- d. Changes in any claims previously reported on past applications? Yes No

If yes to any part of Question 29, complete a Claim/Complaint/Disciplinary Supplement for each matter.

It is recommended that you report any incidents, acts or omissions to your current insurance carrier. Please note that any incident or omission about which you are currently aware, will not be covered by a subsequently issued claims made policy.

Section 6 – Coverage Request:

Limits Requested: <input type="checkbox"/> \$500,000/\$500,000 <input type="checkbox"/> \$500,000/\$1,000,000 <input type="checkbox"/> \$1,000,000/\$1,000,000 <input type="checkbox"/> \$1,000,000/\$2,000,000 <input type="checkbox"/> \$2,000,000/\$2,000,000 <input type="checkbox"/> \$2,000,000/\$4,000,000 <input type="checkbox"/> \$3,000,000/\$3,000,000 <input type="checkbox"/> \$4,000,000/\$4,000,000 <input type="checkbox"/> \$5,000,000/\$5,000,000 <input type="checkbox"/> OTHER _____	Deductible Requested: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> OTHER _____
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Claim Expense: Inside the Limits of Liability In Addition to the Limits of Liability

Deductible Applies to: Damages Only Damages and Claim Expense

Optional Coverages: If coverage is desired for any of the optional coverages please complete the appropriate supplement.

- Registered Representative** – Complete General Supplement Section 1 - Financial Advisory Supplement
- Life Insurance Agent** – Complete General Supplement Section 8 - Life Insurance Agent Supplement

NOTICE TO APPLICANT – PLEASE READ CAREFULLY BEFORE SIGNING

THE APPLICANT AND FIRM ACCEPTS NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A “CLAIMS-MADE” BASIS. The undersigned is authorized by and acting on behalf of the Applicant and represents that all statements and particulars herein are true, complete and accurate and that there has been no suppression or misstatements of fact and agrees that this application shall be the basis of coverage.

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THE APPLICANT AND FIRM ACCEPTS NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE. THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, PRINCIPAL, OFFICER, OR MEMBER OF THE APPLICANT.


NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Print Name

Title

Signature

Date

 **INCOMPLETE, UNSIGNED OR UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION. THE FOLLOWING MUST BE ATTACHED TO YOUR APPLICATION IN ORDER TO PROCEED:**

- 1) LETTERHEAD (ALL APPLICANTS)
- 2) EXPIRING DEC PAGE WITH PROOF OF RETRO COVERAGE (NEW BUSINESS ONLY)
- 3) ANY SUPPLEMENTAL APPLICATIONS OR DOCUMENTATION REQUIRED WITHIN THE APPLICATION

BROKER NAME:	
AGENCY NAME:	
TAXPAYER ID NO.:	PRODUCER LICENSE NO. AND STATE:
PRODUCER'S ADDRESS (No., Street, City, State, and Zip:)	



The Herbert H. Landy Insurance Agency Inc.
 100 River Ridge Drive | Suite 301 | Norwood, MA 02062
 Tel: (800) 336-5422 | Fax: (800) 344-5422
www.landy.com

