



THE CPA ADVANTAGE™
ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE
APPLICATION
"Claims Made" Policy Form



Application completion instructions

- Please type or print clearly, Please DO NOT use pencil
- Answer each question completely
- Application must be signed by principal of the firm
- **FORWARD A COPY OF ALL LETTERHEADS USED BY THE FIRM**

1a. Applicant Firm Name _____ Tel # () _____
 Contact Person: _____ Fax # () _____
 E-Mail Address _____ Web Site _____
 Principal Business Address _____
 City _____ State _____ Zip Code _____

1b. I prefer to receive my premium quotation by Fax E-mail Regular mail

1c. If available, in lieu of mailing my policy you may E-mail my policy to the above E-mail Address. Yes No

2. Does your firm have multiple office locations? Yes No

If yes, please indicate:

State _____ Number of professionals in each location. _____

State _____ Number of professionals in each location. _____

State _____ Number of professionals in each location. _____
 (use a separate page if necessary)

3. Does your firm or any owners, partners or officers render services or conduct any business activities under a separate entity name? Yes No

a. If yes please provide the name and industry of the entity.

Name _____

Industry _____

Please note, coverage may be available for such entity(s) by endorsement to your policy subject to underwriting approval.

b. Would you like coverage for this entity(s) ? Yes No

If yes, please complete the SEPARATE ENTITY SUPPLEMENT for all such entities for which you are seeking coverage.

4. Desired Effective Date _____

5. Coverage Selection

Check the Limit of Liability Desired: Per Claim / Aggregate

Check the deductible option desired

- | | |
|--|--|
| <input type="checkbox"/> \$100,000/\$200,000 | <input type="checkbox"/> \$1,000,000/\$2,000,000 |
| <input type="checkbox"/> \$250,000/\$250,000 | <input type="checkbox"/> \$2,000,000/\$2,000,000 |
| <input type="checkbox"/> \$250,000/\$500,000 | <input type="checkbox"/> \$2,000,000/\$4,000,000 |
| <input type="checkbox"/> \$500,000/\$500,000 | <input type="checkbox"/> \$3,000,000/\$3,000,000 |
| <input type="checkbox"/> \$500,000/\$1,000,000 | <input type="checkbox"/> \$4,000,000/\$4,000,000 |
| <input type="checkbox"/> \$1,000,000/\$1,000,000 | <input type="checkbox"/> \$5,000,000/\$5,000,000 |
| | <input type="checkbox"/> Other \$ _____ |

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> \$500 | <input type="checkbox"/> \$15,000 |
| <input type="checkbox"/> \$750 | <input type="checkbox"/> \$20,000 |
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$25,000 |
| <input type="checkbox"/> \$2,000 | <input type="checkbox"/> \$35,000 |
| <input type="checkbox"/> \$3,000 | <input type="checkbox"/> \$50,000 |
| <input type="checkbox"/> \$4,000 | <input type="checkbox"/> \$100,000 |
| <input type="checkbox"/> \$5,000 | <input type="checkbox"/> Other \$ _____ |
| <input type="checkbox"/> \$10,000 | |

A financial statement may be required for deductibles in excess of \$25,000.00

6 a. Date the applicant firm was established _____

b. Within the past 5 (five) years has applicant firm merged with or acquired another firm? Yes No

If "yes" please provide the following information in chronological order.

Name of Merged or Acquired firm	Date of merger or acquisition	# of Principals at merged /acquired firm	# of merged / acquired firm's principals who joined the applicant firm	% of billings assigned to successor firm
# 1				
# 2				

	Did the merged or acquired firm carry insurance? If yes provide retroactive date	Retroactive Date
# 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
# 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	

7a. Please provide the number of personnel for the applicant firm:

Owners, Partners Officers,	Employed CPAs <i>Other than Owners, Partners Officers</i>	Other Accounting or Tax professionals whose time is billable to clients	Support Staff	Total Firm Personnel
Full Time _____	Full Time _____	Full Time _____	Full Time _____	Full Time _____
Part Time _____	Part Time _____	Part Time _____	Part Time _____	Part Time _____

7b. Are any of the Professionals (other than support staff) referenced above independent contractors or per diems? Yes No

If yes how many? Full time _____ Part time _____

- Percentage of each independent contractor's or per diem's time spent working for applicant firm: _____%
- How many of the Independent Contractors/per diems carry their own, separate Errors & Omissions Insurance? _____
- Limits of Liability for each: \$ _____ \$ _____ \$ _____ \$ _____

8. Is the firm or any member of the firm licensed or operating as the following:

Lawyer, Investment Advisor, Escrow Agent, Insurance Agent/Broker? Yes No

(If "yes", underline the profession)

If "yes", is any revenue earned from the above professions? Yes No

Under what firm name are such services provided? _____

9a. Provide the total gross annual revenues for the applicant firm. If newly established, indicate estimated gross revenue for the current year.

Second Last Fiscal Year	Last Fiscal Year	Estimate for Current year
FYE: _____	FYE: _____	FYE: _____
\$ _____	\$ _____	\$ _____

9b. Currently or within the past 5 (five) years, has any single client represented more than 30 percent of the firm's and / or any member's or former member's total gross revenue? Yes No

If yes, please provide a description of services by year, current percentage derived from this client, and the highest percent the representation was of the firm's and individual accountant's billings.

Client's Industry: _____ Number of years they have been your client _____

Do you expect the percentage to increase or decrease within the next 2 (two) years? Yes No

If "yes", please explain:

10. INTERNAL CONTROLS

- a. Has your firm undergone a peer or quality review within the past 3 years? Yes No
 b. If yes, date of last review: _____

Result: Unmodified Unmodified with Letter of Comments Modified / Adverse
 If unmodified with letter of comments or Modified / Adverse, please attach a copy of the report

- c. Complete only if you answered "no" to 10a above, or if you had a Modified / Adverse report:
1. Prior to the release of financial statements, does a principal who was not involved in the engagement review all work papers and reports? Yes No
 2. Are all financial statements and reports personally signed by a principal of the firm? Yes No
 3. Does the firm maintain a system to assure timely completion of reports, filings, and tax returns? Yes No

11. Please provide the number of professionals who completed a risk management program within the past 3 years.

# of Professionals	Program Sponsor	Seminar Date

- 12. Within the past 5 (five) years, has the applicant firm or any partner, officer, owner or employee:**
- a. Had his or her accounting license or authority to practice accounting revoked? Yes No
 - b. Been subject to disciplinary action, or currently under review, by any state board of accountancy, AICPA, or State Society? Yes No
 - c. Been subject to any fine, reprimand, criminal penalty related to the performance of professional services? Yes No
 - d. **Missouri residents: This question does not apply to you**
 In the past 5 (five) years has the applicant firm had their accountants Professional Liability Insurance declined, cancelled or non-renewed? (Other than due to the loss of market.) Yes No

If "Yes" to any of the above please explain here or on a separate page.

13 A: AREAS OF PRACTICE

Provide the percentage of gross annual revenue derived from the areas of practice below. Total of all items must equal 100%

		Are annual Engagement letters used?			Are annual Engagement letters used?
a. Business Tax Services	____%	<input type="checkbox"/> Yes <input type="checkbox"/> No	k. Information Technology*	____%	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Estate Tax Services	____%	<input type="checkbox"/> Yes <input type="checkbox"/> No	l. Business Valuation	____%	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Individual Tax Services	____%	<input type="checkbox"/> Yes <input type="checkbox"/> No	m. Financial Planning and Investment Advisory services *	____%	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Bookkeeping / Write-Up	____%	<input type="checkbox"/> Yes <input type="checkbox"/> No	n. Payroll / Bill Paying *	____%	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Compilation	____%	<input type="checkbox"/> Yes <input type="checkbox"/> No	o. Litigation Consulting	____%	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Review	____%	<input type="checkbox"/> Yes <input type="checkbox"/> No	p. Fiduciary Services *	____%	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. * Audit: Non-public Clients	____%	<input type="checkbox"/> Yes <input type="checkbox"/> No	q. Assurance Services <i>Please describe nature of services</i>	____%	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. * Audit: Publicly-held Clients	____%	<input type="checkbox"/> Yes <input type="checkbox"/> No	r. SEC-Public/Private Offerings *	____%	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Forecasts / Projections	____%	<input type="checkbox"/> Yes <input type="checkbox"/> No	s. Other _____ <i>Please describe nature of</i>	____%	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Business Consulting/MAS	____%	<input type="checkbox"/> Yes <input type="checkbox"/> No			

*** NOTE: If you provide a percentage amount for any of these areas, or if you have provided any of these services within the last 5 years, please complete the appropriate supplemental application.**

13B: Do your engagement letters contain an alternative dispute resolution clause?

Yes No

14. Within the past 5 years has the applicant firm provided any non-accounting service (A service other than referenced in question #13 above) to any client of the firm?

Yes No

If Yes, is or was this entity a client for accounting services?

Yes No

If Yes, does the firm have a policy which requires disclosure in writing to clients

Yes No

a. Of the existence of any vested interest of the firm, or any firm members, as a provider of non-accounting services?

Yes No

b. Of the potential for conflicts of interest, if appropriate and of the need to seek the advice of an independent provider or counsel, when appropriate?

Yes No

Please provide details of non-accounting services, percentage of total time spent by each individual providing these services and, if separate insurance exists for non-accounting professionals, include the Declarations page of the most current Errors & Omissions Insurance policy.

15. Within the past 5 (five) years has applicant firm or any member of the firm performed services or consented to the use of its work product in connection with public or private offerings of securities, real estate, or other investments? If "yes" complete the Public and Private Offering Supplement

Yes No

16. Within the past 5 (five) years has the applicant firm, or any member of the firm, performed accounting and/or consulting services to SEC regulated entities (other than broker/dealers who are not publicly traded)? If "yes" complete the Public Client Supplement

Yes No

17. Is the applicant firm registered with the Public Company Accounting Oversight Board?

Yes No

18. Does applicant firm, or any member of the firm, perform duties under a Trust Agreement?

Yes No

If yes please complete part A of the Fiduciary Services Supplement.

19. Other than as a Trustee, does applicant firm or any member of the firm have discretionary control over clients' funds, perform Money Management, Bill Paying, or Payroll Services?

Yes No

If yes, complete part B of the Fiduciary Services Supplement

20. Within the past five 5 (five) years has applicant firm or any member of the firm rendered services for any client in which any insured or spouse owned an equity interest of more than 10%, or served as an Officer, Director, Partner, or Manager of a client?

Yes No

If yes please answer the following for each client. Use a separate sheet if necessary

a. Client name/industry: _____

b. Type of services rendered by applicant firm: _____

c. Date services rendered _____ to _____

d. Highest percent of equity interest and /or capacity served by insured or spouse within the past 5 years _____%

e. Dollar amount that this equity represents; \$ _____

f. Was this conflict disclosed? Yes No

g. Annual fees charged to this client during the above time period \$ _____

21. Within the past 5 (five) years has the applicant firm or any member of the firm:

a. Rendered financial planning, asset management, or investment advisory services?

Yes No

b. Received commissions, referral fees, reciprocity or other inducements arising from the sale, promotion or recommendation of securities, insurance products, real estate or other investments?

Yes No

If "yes" to either of the above, please complete the Financial Planning /Investment Advice supplement.

22. Within the past 5 (five) years has the applicant firm or any member of the firm:

a. Provided management services for investment ventures?

Yes No

b. Invested in a non-public investment venture that a client has also invested in?

Yes No

If "yes" to either of the above, please complete the Investment Venture Supplement

23. Within the past two (2) years has applicant firm sued to collect fees?

Yes No

If yes please please complete the following

Client	Fee Amount	Date of Suit	Services Rendered	Status
	\$			
	\$			
	\$			

24. In the past 5 (five) years, has applicant firm provided audit/attest services for any client that subsequently filed bankruptcy, defaulted on a bond issue, or became insolvent?

Yes No

If "yes", please complete the following

Client's Name and Industry	Date of Bankruptcy, Default or Insolvency	Annual Billings/Sales	Type/Date of Services	Going Concern Letter?
		\$		
		\$		

25. Inquire of all owners, partners, officers, and employees of the firm advise:

a. Within the past 5 (five) years, have any claims or suits been brought against the applicant firm, a predecessor of the firm, or any current or past officer, owner, or employed accountant?

Yes No

b. Are they aware of any circumstances, which may result in a claim being made?

Yes No

If "yes" to (a) or (b), please complete the Claim/Incident Supplement

26a. Has the applicant firm or its predecessors carried Accountants Professional Liability Insurance during the past five (5) Years? If yes, please complete the following

Yes No

Month /Day /Year	Month/ Day / Year	Insurance company	Limits of Liability	Deductible	Premium
	to		\$	\$	\$
	to		\$	\$	\$
	to		\$	\$	\$
	to		\$	\$	\$
	to		\$	\$	\$

b. Retroactive date of current policy: _____

c. Has the firm ever purchased an extended reporting period endorsement ("tail coverage")?

Yes No

d. If "yes", please advise effective date and expiration date: _____ to _____
 Month / Day / Year Month / Day / Year

General Star National Company is an "admitted" or "licensed" insurer in all states except Connecticut, where General Star Indemnity Company is "admitted" or "licensed", subject to the financial solvency regulation and enforcement, which applies to licensed companies. This insurance company participates in state insurance guarantee funds. General Star Indemnity Company is also a "non-admitted" or "surplus lines" insurer in states other than Connecticut and not subject to the financial solvency regulation and enforcement, which applies to licensed companies. The insurance company does not participate in any state insurance guarantee fund; therefore, these funds will not pay your claims or protect your assets if the insurance company becomes insolvent and is unable to make payments as promised.

For Louisiana Residents:

General Star Indemnity Company is also a "non-admitted" or "surplus lines" insurer in states other than Connecticut and not subject to the financial solvency regulation and enforcement, which applies to licensed companies. The insurance company does not participate in any state insurance guarantee fund; therefore, these funds will not pay your claims or protect your assets if the insurance company becomes insolvent and is unable to make payments as promised. Currently General Star indemnity is only offered in Louisiana

The Accountants Professional Liability Program has been organized as a Risk Purchasing Group located and domiciled in Illinois, pursuant to legislation enacted by Congress known as the Federal Liability Risk Retention Act of 1986. You automatically become a member of the Purchasing Group once your completed application has been approved and your premium payment has been received.

This statement does not apply in the states of Louisiana or Florida.

Fraud Warning. (Not applicable in Nebraska, Vermont or Virginia): Any person who knowingly, and with the 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 purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties

Notice to New York Applicants 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 containing 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.

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability policy. I understand that an incorrect or incomplete statement could void my protection. Completion of the application or tendering of premium does not bind coverage. The application is subject to company underwriting guidelines.

Signature _____
Must be signed by a principal of the firm Title _____ Date _____

For Insurance Agent use only: Landy Agent code

Name of Agent _____ Tel # () _____

E-Mail Address _____ Fax # () _____

For New Hampshire Applicants Only:

Agent or producer's signature is required: _____ Date: ____/____/____

