

GENERAL SUPPLEMENT

INSTRUCTIONS: Complete only the section(s) of this supplement triggered by your responses in the main application, then SIGN and DATE the Supplement on page 8.

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SECTION 1 – FINANCIAL ADVISORY SUPPLEMENT

- Has the Applicant formed a separate business entity to provide Financial Advisory Services? Yes No
If "Yes", describe _____
- Revenue derived from Financial Advisory Services over the last fiscal year: _____
Was this revenue included in the firm's overall annual revenue reported on the application? Yes No
- Does the Applicant have a contractual relationship with a securities broker or dealer? Yes No
If "Yes", complete the following table.

Registered Representative(s)	Corresponding Broker/Dealer	CRD Number	Separate Professional Liability Insurance?	Coverage Desired Under this Policy?
			<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

- Is the Applicant registered as an investment advisor? Yes No
Please specify: _____

5. Services include:

Nature of Services	Yes or No	Remuneration
Preparing Financial Plan	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> COMMISSION <input type="checkbox"/> FEE <input type="checkbox"/> REFERRAL FEE <input type="checkbox"/> OTHER
Discretionary Asset Management	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> COMMISSION <input type="checkbox"/> FEE <input type="checkbox"/> REFERRAL FEE <input type="checkbox"/> OTHER
Non-Discretionary Asset Management	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> COMMISSION <input type="checkbox"/> FEE <input type="checkbox"/> REFERRAL FEE <input type="checkbox"/> OTHER
Recommendation of individual mutual funds	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> COMMISSION <input type="checkbox"/> FEE <input type="checkbox"/> REFERRAL FEE <input type="checkbox"/> OTHER
Recommendation of individual stocks, bonds and other investments	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> COMMISSION <input type="checkbox"/> FEE <input type="checkbox"/> REFERRAL FEE <input type="checkbox"/> OTHER
Place insurance coverage or annuities	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> COMMISSION <input type="checkbox"/> FEE <input type="checkbox"/> REFERRAL FEE <input type="checkbox"/> OTHER
Discretionary Authority to invest client funds	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> COMMISSION <input type="checkbox"/> FEE <input type="checkbox"/> REFERRAL FEE <input type="checkbox"/> OTHER

- Within the last 5 years has the Applicant invested client funds or recommended investments to any client (such recommendation being acted upon) in specific offerings in the following product areas:

Non-registered securities	<input type="checkbox"/> YES <input type="checkbox"/> NO	Foreign Securities	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hedge funds	<input type="checkbox"/> YES <input type="checkbox"/> NO	Tax Shelters	<input type="checkbox"/> YES <input type="checkbox"/> NO
Derivatives	<input type="checkbox"/> YES <input type="checkbox"/> NO	Annuities	<input type="checkbox"/> YES <input type="checkbox"/> NO
Real Estate Investment Trusts	<input type="checkbox"/> YES <input type="checkbox"/> NO	Private Placements	<input type="checkbox"/> YES <input type="checkbox"/> NO
Options and Futures	<input type="checkbox"/> YES <input type="checkbox"/> NO	Limited Partnerships	<input type="checkbox"/> YES <input type="checkbox"/> NO
Viatical Agreements	<input type="checkbox"/> YES <input type="checkbox"/> NO	Life/Health/Disability Insurance	<input type="checkbox"/> YES <input type="checkbox"/> NO

- For Asset Management Services please complete the following table:

	Current Year	Last Year
Non-Discretionary Asset Management – Total Funds	\$	\$
Number of Clients		
Discretionary Asset Management – Total Funds	\$	\$
Number of Clients		

- Does the Applicant require a signed engagement letter or contract updated annually describing the client's investment goals, risk tolerance and services that will be provided? Yes No

SECTION 2 – PUBLIC AUDIT SUPPLEMENT

1. For public **AUDIT** engagements performed within the past 5 years complete the following, using a separate sheet if necessary:

	Client Name and Stock Symbol	Primary Industry	# of months as a Client	Written Opinion	Going Concern reference?	Any restated financials been issued?
1					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
4					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
5					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

2. In the past 3 years, have any of your public audit clients been the subject of any regulatory inquiry or investigation regarding financial statement reporting or disclosure matters? YES NO
(If yes, please identify the client and describe the nature of the inquiry or investigation)

3. For public audit engagements which were new to the firm during the past twelve months, were there client disagreements with the predecessor auditor in the year prior to the change in auditors which were disclosed in SEC filings? YES NO
(If yes, please identify the client and describe the nature of the disagreement)

4. Please list the firm's partners or principals responsible for supervising public audit engagements:

Name	Number of Years of Auditing Public clients	Number of Hours SEC CPE in the past 12 months	Public Audit-Billable Hours on the most recent 12 months

5. Does the Applicant have current membership in the AICPA's SEC Practice Section for Public Company Audit firms? YES NO

6. Does the firm use written guidelines for acceptance and continuance of public audit engagements? YES NO
If yes, does the firm review and document its adherence to these guidelines for each client at least annually? YES NO

SECTION 3 – OUTSIDE INTERESTS SUPPLEMENT

Complete supplement for each entity in which a firm member or spouse holds (or has held within the past five (5) years) an equity interest and/or serves as a director or officer and for whom the firm provided (provides) professional services. Do not include interest in publicly traded companies unless the company is a client of the firm or you serve as an Officer and/or Director. Please copy supplement as needed.

Individual(s) Name	Entity's Name City/State	Nature of Clients Business	Profit or Non-Profit	Date of Affiliation	% of Firm Billings	% of Equity Interest	Position(s) Held	Is separate D&O insurance in place?	Services Rendered
								<input type="checkbox"/> Yes <input type="checkbox"/> No Limit: \$ _____	
								<input type="checkbox"/> Yes <input type="checkbox"/> No Limit: \$ _____	
								<input type="checkbox"/> Yes <input type="checkbox"/> No Limit: \$ _____	

1. Does the firm prohibit individuals who serve as a Director or Officer of a client, or possess financial interest in a client, from providing professional services to the client? Yes No

2. Are any claims pending against any individual in their capacity as a Director or Officer? Yes No
 If "Yes", please provide complete details:

SECTION 4 – TRUSTEE SUPPLEMENT

1. Complete the following table for any funded trusts and estates with asset values of \$500,000 or more:

Estate/Trust Name	Type*	Start Date of Engagement	Asset Value \$	Annual Trust Income \$	CPA Firm Services Provided	**Beneficiary Interest?
						<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

*E – Estate; P – Personal/Family Trusts; B – Business Trusts; C – Charitable Trust; F – Foundations; R – Real Estate

**Beneficiary interest means any personal interest by a prospective Insured or relative of a prospective Insured (other than traditional fees billed by the Applicant Firm).

- Is a Trust Agreement or Engagement Letter used to clearly define the duties of the Trustee for all Trust Engagements? YES NO
If No, explain: _____
- Are any Trustee Duties delegated to others? YES NO
If Yes, explain: _____
- Does the Trustee have discretionary authority to make individual securities investments on behalf of the Trust? YES NO
If Yes, explain: _____
- Does the firm have a policy prohibiting use of Trust funds as loans to any prospective Insured (or relative of a prospective Insured)? YES NO
If No, explain: _____
- Does the firm have a policy prohibiting use of Trust funds to invest in entities in which any prospective Insured (or relative of a prospective Insured) has a personal interest? YES NO
If No, explain: _____

SECTION 5 – SEPARATE ENTITY SUPPLEMENT (COMPLETE A SEPARATE SUPPLEMENT FOR EACH APPLICABLE ENTITY)

1. Full legal name, address, and form of entity (subsidiary, joint venture, LLP etc.)

2. Date established: ___/___/___ Total professional staff: _____ Total support staff: _____

3. Percent of ownership held by the applicant firm and all firm personnel: _____

4. Describe professional services or business activities conducted by this entity:

5. Gross Annual Revenue:

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

Are the staff and revenue numbers referenced above included in the overall staff and revenue numbers reported on the application? YES NO

SECTION 6 – SECURITIES SUPPLEMENT

Please complete only if your firm provides services that fall under the 1933 or 1934 Securities Acts.

1. Complete the following table for each of the firm's SEC practitioners' experience:

Individual (s)	Number of Years of SEC Experience	Number of Hours SEC CPE in the past 12 months	Securities-Billable Hours on the most recent 12 months

- 2. Is the firm a member of the AICPA's Center for Public Company Audit firms? YES NO
- 3. Does the firm have a written procedure for new client identification intended to assure no conflict of interest with respect to the securities matters to be undertaken by the firm? YES NO
- 4. Is there a written policy requiring annual reviews of existing clients for potential conflicts? YES NO
- 5. a. Do your written procedures for evaluating SEC-regulated clients include an analysis of the client's financial strength, management experience and reputation, industry segment and its history of opinion shopping or changing lawyers and accountants? YES NO
 b. Do these procedures include background checks on senior management? YES NO
- 6. Is there a written policy requiring at least one CPA who is not working on the transaction in question to review and approve all written materials to be furnished in the transaction? YES NO
- 7. Is there a written policy governing trading and investing in client securities by firm members? YES NO
- 8. Is there a written policy prohibiting any firm member who is a director, officer or general partner of a securities client or limited partnership from working on a securities transaction for such client? YES NO
- 9. Is there a written policy prohibiting any contingency payment arrangement or any arrangements where a securities client pays for the applicant's services with client securities? YES NO
- 10. Is there a written procedure that is intended to prevent the improper use of material inside information by firm members? YES NO
- 11. During the past five (5) years has the firm been the subject of any investigations by the SEC or been terminated by a securities client or had a dispute with a client necessitating disclosure to securities regulators? YES NO

If yes, complete the following table:

Client Name	Date of Withdrawal	Description of Withdrawal or Dispute

12. For each private or public offering within the past three (3) years please complete the following table:

Client Name	Industry	Dates and Services Provided	Type of Offering*	Size of Offering	Fees

PR –Private Placement PUI – Public Initial Placement PU – Public Secondary Placement
 B – Bond (Private) SY – Syndication M – Municipal F - Financing

SECTION 7 – FINANCIAL INSTITUTION SUPPLEMENT

1. List all financial institution clients over the past 5 years, using a separate addendum if necessary:

Financial Institution Name and City, State	Services Provided by the Firm	Director or Officer? Y/N	Total Equity Ownership in Client	Dates of Service

2. Have any financial institution clients ceased operations, become insolvent, or become controlled or operated by the FDIC, FSLIC, OCC, OTS or other government agency? Yes No

If "Yes", provide complete details:

3. Has the FDIC, FSLIC, OCC, OTS or any other government agency filed any lawsuits or is any litigation (including shareholder derivative action) pending against any director or officer of the Financial institutions listed in Question 1 above? Yes No

If "Yes", provide complete details:

4. Has the firm, or any member or employee of the firm (regardless of what firm he or she was practicing with at the time):

- a. Had loan commitments with any of the above financial institutions? Yes No
- b. Participated in the preparation of any financial institution's response to regulatory examination reports? Yes No
- c. Participated or assisted in the rendering of advice on regulatory issues? Yes No

5. Is each audit engagement subject to independent review by someone with financial institution experience who did not participate in the engagement? Yes No

6. Complete the following table with respect to the firm's financial institution practitioners' expertise:

Individual(s)	Number of Years of Financial Institution Experience	Number of Hours Financial Institution CPE in the past 12 months	Financial Institutions-Billable Hours on the most recent 12 months

SECTION 8 – LIFE INSURANCE AGENT SUPPLEMENT

1. List all individuals acting as licensed insurance agents/brokers, using a separate sheet if necessary:

Name	Years Licensed	Primary Type of Coverage Placements	Separate Professional Liability Insurance?	Coverage Desired Under this Policy?
			<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
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Revenue derived from Life Insurance Agent Services over the last fiscal year: _____ Yes No
 Was this revenue included in the firm's overall annual revenue reported on the application? Yes No

3. With regard to the insurance agent-related professional services above, is anyone to whom this insurance will apply aware of any professional liability claim, or any act, omission or personal injury which might reasonably be expected to be the basis of a claim made against them within the past 5 years? Yes No
For each matter, complete a Claim/Complaint/Disciplinary Supplement.

SECTION 9 – CONTROL OF CLIENT FUNDS SUPPLEMENT

1. Complete the following chart for all client funds (other than bill pay, payroll, executor, or trustee services) under the Applicant firm's discretionary control (use a separate sheet if necessary):

Name of Client(s)	Client's Business or Profession	Date Services Commenced	Total Client Assets Controlled by Firm	Specific Duties Performed by Firm

2. Do you have discretionary authority to select individual securities or other investments on behalf of any clients? Yes No

3. Do you utilize the services of an investment advisor or professional money manager? Yes No

If "Yes" to any of Questions 2-3 above, explain _____

4. Do you have a procedure requiring dual signatures on all checks and client fund disbursements? Yes No

5. Are all bank reconciliations performed by someone other than the individual who controls the account? Yes No

6. Is compensation for these services limited solely to hourly fees? Yes No

If "No" to any of Questions 4-6 above, explain _____

SECTION 10 – EMPLOYMENT PRACTICES & THIRD PARTY DISCRIMINATION (coverage not available in CA)

1. Within the last three years, have there been any employment related civil, criminal, administrative or arbitration proceedings (including any proceeding initiated before the Equal Employment Opportunity Commission) brought against the Company, its Subsidiaries, or any person proposed for this insurance in their capacity as either Director, Officer, or employee of the Company or its Subsidiaries for which payment of \$10,000 has occurred or is expected to occur? Yes No

2. If the Applicant firm currently has Employment Practices Liability Insurance (EPLI), please complete the following:

EPLI Insurance Company	EPLI Policy Period	EPLI Limits/Deductibles	EPLI Premium	EPLI Retroactive Date

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 subjects such person to criminal and civil penalties.

ALABAMA, ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA FRAUD WARNING: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO FRAUD WARNING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

D.C. FRAUD WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA FRAUD WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KANSAS FRAUD WARNING: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

KENTUCKY FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

MAINE FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

MARYLAND FRAUD WARNING: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MINNESOTA FRAUD WARNING: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW JERSEY FRAUD WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OHIO FRAUD WARNING: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA APPLICANTS: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a fraudulent insurance act, which may subject such person to prosecution for insurance fraud.

PENNSYLVANIA 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 subjects such person to criminal and civil penalties.

TENNESSEE FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VIRGINIA AND WASHINGTON FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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 (\$5,000.00) and the stated value of the claim for each such violation.

I understand that the information submitted in this supplement becomes a part of my Accountants Professional Liability application and is subject to the same representations and conditions.

Print Name

Title

Signature

Date

INCOMPLETE, UNSIGNED OR UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION

Florida, Iowa and New Hampshire Agents Only, please provide the following: License # 0401448 NH

Agent or producer name: Herbert H. Landy Insurance Agency, Inc. Signature: *Betsy A. Magnuson*



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