



PHILADELPHIA
INSURANCE COMPANIES

e-mail: jack@katzmanins.com

Name of Insurance Company to which **Application** is made (herein called the "Insurer")

ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE RENEWAL APPLICATION

NOTICE: This professional liability coverage is provided on a claims-made basis; therefore, only claims which are first made against you, and reported to the Company, during the policy term, any subsequent renewal of this policy or any extended reporting period are covered, subject to policy provisions.

Please attach a sample of your letterhead to this application.

1. Name of the Applicant: _____

2. Address: _____

City : _____ State: _____ Zip Code: _____

Website: _____

3. Please list the Applicant Firm's staff breakdown:

Number of full time equivalent CPA's: _____

Number of full time equivalent non CPA Accounting Professionals: _____

Number of full time equivalent support staff: _____

3a. Most recently ended fiscal year's revenue: \$ _____

Current fiscal year's projected revenue: \$ _____

Total number of clients served in the past twelve (12) months: _____

4. Since your last application has any member of the Applicant Firm or any Predecessor Firm been the subject of a complaint, disciplinary action or reprimand by any state board, the SEC, I.R.S., governmental regulatory or tax authorities, or any accounting society? Yes No **If yes, please use the separate page attached to the application to provide an explanation.**

5. Have any individuals in the Applicant Firm, or any Predecessor Firm, in the past two (2) years provided these services to any financial institution client:

a. Regulatory, securities, or compliance services? Yes No **If yes, complete SEC Information Supplement No. 3**

b. Services for an institution in which an Applicant member held an equity or management interest? Yes No

c. Whose deposits are not insured by a government agency such as the FDIC or NCUA? Yes No

d. Which was either in its formative stage, or which has at any point since become insolvent? Yes No

e. For which they were an officer, director, or general counsel? Yes No

If any part(s) of question 5 are answered yes, complete Financial Institution Supplement form No. 4

6. Area of Practice: Please identify the Applicant Firm's areas of practice with the number representing the percentage of gross income derived from that area during the past year. **The total of these must be one hundred (100) percent and represent all areas of practice.**

Area of Practice	%	Engagement Letters Used
Public Company Audit *		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Audit *		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Attest/Assurance Services (Describe the services provided on a separate sheet)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Review		<input type="checkbox"/> Yes <input type="checkbox"/> No
Compilation		<input type="checkbox"/> Yes <input type="checkbox"/> No
Bookkeeping		<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Tax		<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Tax		<input type="checkbox"/> Yes <input type="checkbox"/> No
Consulting Services (Describe the services provided on a separate sheet)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Estate Tax		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fiduciary Services		<input type="checkbox"/> Yes <input type="checkbox"/> No
Litigation Support		<input type="checkbox"/> Yes <input type="checkbox"/> No
Securities Activities **		<input type="checkbox"/> Yes <input type="checkbox"/> No
Forecasts/Projections		<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Valuations		<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Planning (Describe the services provided on a separate sheet)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Financial Planning and Investment Advisory Services (Describe the services provided on a separate sheet)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Describe the services provided on a separate sheet)		<input type="checkbox"/> Yes <input type="checkbox"/> No

* If any percentage is indicated, complete the Audit Engagements Supplement form No. 2

** If any percentage is indicated, complete the SEC Information Supplement form No. 3

7. In the past twelve (12) months, how many suits for collection of fees have been filed by the Applicant Firm or Predecessor Firms? _____ How many of these suits have been resolved successfully? _____
 Dollar amount of fee suits last year \$ _____
 Dollar amount of suits for the previous year \$ _____

8. In the past twelve (12) months has the Applicant Firm, or any Predecessor Firm conducted SEC services or audits for any publicly held companies? Yes No **If yes, please complete the Public Company Audit Supplement No. 5.**

9. In the past year, has the Applicant Firm undergone any peer or quality review sponsored by the AICPA or any state society of CPA's? Yes No **If yes, the results were:** Unqualified Qualified, Modified or Adverse

10. After inquiry, are any individuals of the Applicant Firm aware of any professional liability claims made against them, the Applicant Firm or a Predecessor Firm, which have not already been reported to us, on an application, including those which may have been made against them while with a Prior Firm? Yes No **If yes, complete the Accountants Professional Claim Supplement form No. 1 for each incident.**

10a. After inquiry, are any individuals of the Applicant Firm aware of any actual or alleged act, error, omission, incident or circumstance, which might reasonably result in a claim against them, the Applicant Firm or against any members of a Predecessor Firm, which have not already been reported to us? Yes No **If yes, complete the Accountants Professional Claim Supplement form No. 1 for each incident.**

10b. Please advise the total number of incidents which are applicable under 10. or 10a.: _____

For all incidents listed in questions 10. or 10a., a separate Claim Supplement form No. 1 must be completed.

11. Please note that the coverage will be offered only at the company's election. Coverage terms offered are also subject to determination by the **Insurer**. Please indicate the limit and deductible for which you wish to receive a quotation:

Limits

- | | | |
|--|--|--|
| <input type="checkbox"/> \$100,000/\$300,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000 | <input type="checkbox"/> \$3,000,000/\$3,000,000 |
| <input type="checkbox"/> \$250,000/\$500,000 | <input type="checkbox"/> \$1,000,000/\$2,000,000 | <input type="checkbox"/> \$4,000,000/\$4,000,000 |
| <input type="checkbox"/> \$500,000/\$500,000 | <input type="checkbox"/> \$2,000,000/\$4,000,000 | <input type="checkbox"/> Other: \$ _____ / |
| <input type="checkbox"/> \$500,000/\$1,000,000 | | \$ _____ |

Deductibles

- | | | |
|----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$20,000 |
| <input type="checkbox"/> \$2,000 | <input type="checkbox"/> \$7,500 | <input type="checkbox"/> \$25,000 |
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> Other: \$ _____ |
| <input type="checkbox"/> \$3,000 | <input type="checkbox"/> \$15,000 | |

REPRESENTATIONS: I/We affirm that the information contained here and in any addendum is true to the best of my/our knowledge and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to the Company or its representatives.

NOTICE TO 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 CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH 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 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: 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.

NOTICE TO PENNSYLVANIA 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 CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "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."

NOTICE TO NEW MEXICO APPLICANTS: "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."

NOTICE TO TENNESSEE APPLICANTS: "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."

NOTICE

- 1. Any claim or incident:
 - a) reported on question 10. or 10a. or
 - b) of which any member of the applicant firm has knowledge prior to policy inception will not be afforded coverage under any policy which may subsequently be issued by and of the Philadelphia Insurance Companies.

- 2. Failure to report to your current insurance company any:
 - a) claim made against you during your current policy term; or
 - b) fact, circumstance or incident of which your accountants are aware, which may give rise to a claim BEFORE policy expiration, may create a lack of coverage.

Name (Please Print)

Title (Must be Partner or Officer)

Signature

Date

Agent Name: _____ Agency Number: _____

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date