



APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

APPLICATION FOR ACCOUNTANTS PROFESSIONAL LIABILITY

1. Applicant Firm Name: Telephone #:
 Contact Person: Mr./Ms. Fax #:
 Principal Business Address:
 City: State: Zip Code:
 Email Address:

2. Desired effective date: ____/____/____

3. Coverage Selection: (multiple limits/deductible options can be quoted)

Desired Limits of Liability (per Claim/Annual Aggregate)

- ☐ \$100,000/ \$300,000
☐ \$250,000/ \$250,000
☐ \$250,000/ \$500,000
☐ \$500,000/ \$500,000
☐ \$500,000/ \$1,000,000
☐ \$1,000,000/\$1,000,000
☐ \$1,000,000/\$2,000,000
☐ \$2,000,000/\$2,000,000
 Other \$ _____

Desired Deductible

- ☐ \$2,500
☐ \$5,000
☐ \$10,000
☐ \$25,000
☐ \$50,000
☐ \$100,000

4. Date applicant firm was established ____/____/____

5. Within the past five (5) years has applicant firm merged with or acquired another firm? Yes ☐ No ☐
 If "yes," please advise:

Name of Merged/Acquired Firm	Date of Merger/Acquisition	# of Principals at joining successor firm	# of Principals joining successor firm	% of Billings assigned to successor firm	Did merged or acquired firm carry insurance? If yes-retroactive date?

6. STAFF CLASSIFICATION (Owners, Partners, Officers and Professional Employees; Do not include clerical/administrative staff or per diems/independent contractors):

- a. Full-time Accountants (including CPAs): _____
- b. Full-time non-Accountant Professionals: _____
- c. Part-time Accountants (including CPAs) and Part-time Other Professionals: _____

7. Provide total gross revenues for the last fiscal year. If newly established, indicate estimated gross revenues for the current fiscal year:

\$_____ For fiscal year ending:

8. INTERNAL CONTROLS:

a. Has your firm undergone a peer or quality review within the past 3 Years? ☐ Yes ☐ No

If yes, date of last review: _____ Result: _____ Unqualified/Unmodified _____ Qualified/Modified *

*(Please attach a copy of the report as well as responses and corrections to any noted deficiencies.)

b. Complete only if you answered "no" to all above, or if you had a qualified/modified report:

- 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
- Are all financial statements and reports personally signed by a principal of the firm? ☐ Yes ☐ No
- Does the firm maintain a system to assure timely completion of reports, filings, and tax returns? ☐ Yes ☐ No

9. Please provide the number of professionals who attended a risk management seminar within the past three (3) years:

No. of Professionals: _____ Sponsor of Seminar: _____ Seminar Date: _____

10. Is the applicant firm a member of any state CPA Society? ☐ Yes ☐ No

If Yes, indicate states: _____ No. of Professionals who are members: _____

11. Within the past five (5) years, has applicant firm or any partner, officer, owner or employee:

- a. Had his/her accounting license or authority to practice accounting revoked? ☐ Yes ☐ No
- b. Been subject to disciplinary action by any state board of accountancy AICPA or State Society? ☐ Yes ☐ No
- c. Been subject to any fine, reprimand or criminal penalty related to performance of professional services? ☐ Yes ☐ No

- d. In the past five (5) years, has applicant firm had their accountants professional liability insurance declined, cancelled or nonrenewed (other than due to loss of market)? **(Not applicable in Missouri.)** ☐ Yes ☐ No

If "yes" to any of the above, please explain by attachment.

- 12.a. AREAS OF PRACTICE - Provide percentage of fees (Past fiscal year) derived from the following activities:

Engagement Letters Used?				Engagement Letters Used?			
		Yes	No			Yes	No
A. Individual Tax	____%	<input type="checkbox"/>	<input type="checkbox"/>	I. SEC activities **	____%	<input type="checkbox"/>	<input type="checkbox"/>
B. Corporate Tax	____%	<input type="checkbox"/>	<input type="checkbox"/>	J. Mgmt. Advisory Services *	____%	<input type="checkbox"/>	<input type="checkbox"/>
C. Estate Tax Engagements	____%	<input type="checkbox"/>	<input type="checkbox"/>	K. Information Technology	____%	<input type="checkbox"/>	<input type="checkbox"/>
D. Bookkeeping	____%	<input type="checkbox"/>	<input type="checkbox"/>	L. Financial Planning	____%	<input type="checkbox"/>	<input type="checkbox"/>
E. Compilations	____%	<input type="checkbox"/>	<input type="checkbox"/>	M. Other activities*	____%	<input type="checkbox"/>	<input type="checkbox"/>
F. Reviews	____%	<input type="checkbox"/>	<input type="checkbox"/>		____%	<input type="checkbox"/>	<input type="checkbox"/>
G. Audits-Publicity Held **	____%	<input type="checkbox"/>	<input type="checkbox"/>		____%	<input type="checkbox"/>	<input type="checkbox"/>
H. Audits – Other	____%	<input type="checkbox"/>	<input type="checkbox"/>		____%	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE ATTACH A COPY OF YOUR ENGAGEMENT LETTER/S

* Please attach a description of services

** Please complete Part 1 of the SEC Supplement

13. Within the past five (5) years:

- a. Has applicant firm provided services in connection with any SEC regulated clients? ☐ Yes ☐ No
- b. Has applicant firm's work been used in connection with public or private offerings? ☐ Yes ☐ No
- If "yes" to (a) or (b) above, please complete the SEC Supplement .**

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

If "yes", please advise:

NAME OF TRUST	TYPE OF TRUST	DOLLAR VALUE OF TRUST	DESCRIPTION OF SERVICES

15. Does applicant, firm or any members of the firm have discretionary control over clients' funds, other than as a trustee? ☐ Yes ☐ No

If "yes", please advise:

Annual Dollar Amount	Services Provided	Description of Internal Controls

16. Within the past five (5) years has applicant firm or any member of the firm performed audit or review services while serving as an officer, director, partner or manager of the client firm, or owning an equity interest exceeding 10%? ☐ Yes ☐ No

If "yes", please advise:

Client's Industry	Position/Equity %	Type of Services	Conflict Disclosed?	Fees Earned

17. Does applicant firm or any member of the firm:

- a. Receive commissions, fees, reciprocity, or revenue from the sale, promotion or recommendation of investments or tax shelters? ☐ Yes ☐ No
- b. Organize, arrange or procure investments, real estate or tax shelters? ☐ Yes ☐ No
- c. Participate in the management of any investment partnership, limited partnership or other investment venture? ☐ Yes ☐ No
- d. Make recommendations as to the sale or purchase of specific stocks, bonds or other securities? ☐ Yes ☐ No

If "yes" to any of the above, please provide details below: (nature of services, # of clients, type of investments, etc.)

18. Within the past two (2) years has applicant firm sued to collect fees? ☐ Yes ☐ No

If "yes", please advise:

Client	Fee Amount	Date of Suit	Services Rendered	Status

19. In the past (5) 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 advise: _____

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

20. Please inquire of all owners, partners, officers of the firm, and advise:

- a. Within the past (5) 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 thereof? ☐ Yes ☐ No
- b. Are there any circumstances which may result in a claim being made? ☐ Yes ☐ No

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

21. a. Has applicant firm or its predecessors carried Accountants' Professional Liability Insurance during the past five (5) years? ☐ Yes ☐ No

If "yes", please advise (month, day, year):

From To	Insurance Company	Limits of Liability	Deductible	Premium
/ / to / /				
/ / to / /				
/ / to / /				
/ / to / /				
/ / to / /				

- c. Retroactive date of current policy: _____
- d. Has the firm ever purchased an extended reporting period endorsement ("tail coverage")? ☐ Yes ☐ No

If "yes", please advise effective date and expiration date: _____

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. The policy is issued on a "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

In New York: 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.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company and its Subsidiaries, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Name:	Signature
Title:	Date: