

**Renewal Application**

Expiration Date: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Account: \_\_\_\_\_

**1. Have any of the following changed in the past year? Yes \_\_\_ No \_\_\_ If yes, please provide details on a separate sheet.**

Your Firm's Name \_\_\_\_\_ Tel # ( ) \_\_\_\_\_

Contact Person: \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Principal Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**2. Your Firm's current Limit of Liability: \_\_\_\_\_ Deductible: \_\_\_\_\_**

Do you wish to change your Firm's Limit of Liability or Deductible for the next policy period? Yes \_\_\_ No \_\_\_  
If yes, to what Limit of Liability \$\_\_\_\_\_/\_\_\_\_\_ or Deductible \$\_\_\_\_\_/\_\_\_\_\_?

**3. In the past year, has there been a change in number of personnel in your firm in the following categories? If Yes, please provide your current number of personnel.**

	No Change	Full Time	Part Time
a) Owners, Partners Officers	<input type="checkbox"/>	___	___
b) Employed CPAs	<input type="checkbox"/>	___	___
c) Other Accounting or Tax professionals	<input type="checkbox"/>	___	___
d) Support Staff	<input type="checkbox"/>	___	___
e) Independent Contractor (non-support staff)	<input type="checkbox"/>	___	___
<b>Current Totals:</b>		___	___

**If yes to 3.e), above please provide details for the ICs on the Additional Information worksheet, Question I.**

**4. AREAS OF PRACTICE**

Provide the percentage of gross annual revenue derived from the areas of practice grid below. Total of all items must equal 100%. (Areas marked \*: See Notes on page 2 of 4)

	Last Year's %	Current %	Are annual Engagement Letters Used?		Last Year's %	Current %	Are annual Engagement Letters Used?
<b>Business Tax Services</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Forecasts/Projections</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Estate Tax Services</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Information Tech*4</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Individual Tax Services</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Business Valuation</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Bookkeeping / Write-Up</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Financial Planning and Investment Advisory Services*5</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Compilation</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Litigation Consulting</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Review</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Consulting/MAS</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1) SEC Public/Private Offerings - Performed services or consented to use of your work product in connection with such *1</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Fiduciary Services* 6 including any money management, bill payment, payroll, trust, discretionary control over client funds.</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2) SEC regulated entities - Performed accounting or consulting services*2</b>				<b>Assurance Services Please describe</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
				<b>Other: Please describe nature of services</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Audit: Publicly-Held*3</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Audit: Non-public *7</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No

\* **NOTE: If a percentage amount is indicated for any above asterisked area that is new or increased by 10%, please complete the appropriate supplemental application;**

- \*1. **Public and Private Offerings Supplement**
- \*2. **Public Client Supplement**
- \*3. **Public Client Supplement**
- \*4. **Information Technology Supplement**
- \*5. **Financial Planning/Investment Advice Supplement**
- \*6. **Fiduciary Services Supplement**
- \*7. **Non-public Audit Client Supplement**

5. Provide the **total gross annual revenues** for your firm's last fiscal year \$ \_\_\_\_\_ and your best estimate for the current fiscal year \$ \_\_\_\_\_.

**6. CHANGES TO YOUR FIRM:**

**ANSWER "NO CHANGE" IF UNCHANGED IN THE PAST 12 MONTHS. ANSWER "YES" IF NEW DURING THE PAST 12 MONTHS, OR IF NOT PREVIOUSLY REPORTED TO GENERAL STAR.**

- a) Had a **single client** that represented more than 30% of the firm's and/or any member's or former member's total gross revenue?  Yes (If yes, please provide further details on the Additional Information worksheet, Question II.)  No change.
- b) Provided **non-accounting service to any client of the firm?**  Yes (If yes, please provide further details on the Additional Information worksheet, Question III.)  No change.
- c) **Sued to collect fees?**  Yes (If yes, please provide further details on the Additional Information worksheet, Question IV.)  No change.
- d) Provided **audit/attest services for any client that subsequently filed bankruptcy**, defaulted on a bond issue, or became insolvent?  Yes (If yes, please provide further details on the Additional Information worksheet, Question V.)  No change.
- e) **Changed the name of the firm, merged with or acquired another firm** within the past 12 months?  Yes. (If yes, please provide further details on the Additional Information worksheet, Question VI).  No change
- f) Rendered services to any client at such time that any insured or spouse owned an equity interest of more than 10% or served as officer, director, partner, or manager of such client?  Yes (If yes, please provide further details on the Additional Information worksheet, Question VII.)  No change. **Please note that such services are excluded under your policy.**
- g) Undergone a **peer or quality review?** If yes, what was the result?  Unmodified  Unmodified with letter of comments  Modified. If unmodified with letter of comments or modified, please provide a copy of the report as well as responses/corrections to any noted deficiencies.
- h) Received commissions, referral fees, reciprocity arising from the **sale, promotion or recommendation of securities, insurance products, real estate or other investments**  Yes (If yes, please complete the Financial Planning/Investment Advice Supplement)  No change
- i) Performed **management services for investment ventures**  Yes (If yes, please complete Investment Venture Supplement)  No change`
- j) **Invested in non-public investment venture that a client has also invested in**  Yes (If yes, please complete Investment Venture Supplement)  No change
- k) Had his/her **accounting license or authority to practice accounting revoked?**  Yes (If yes, please fully explain on a separate sheet).  No change
- l) Been subject to **disciplinary action. or is currently under review**, by any state board of accountancy, AICPA, or State Society?  Yes (If yes, please fully explain on a separate sheet).  No change
- m) Been subject to any **fine reprimand, criminal penalty** related to the performance of professional services?  Yes (If yes, please fully explain on a separate sheet).  No change
- n) Had 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 (If yes, please complete the Claims/Incident Supplement)  No change
- o) Know of any **circumstances which may result in a claim being made?**  Yes (If yes, please complete the Claims/Incident Supplement)  No change

## Additional Information Worksheet

- I. How many **independent contractors**? **Full time** \_\_\_\_\_ **Part time** \_\_\_\_\_
- 1) % of each IC's or per diem's time spent working for applicant firm: \_\_\_\_% \_\_\_\_% \_\_\_\_%
  - 2) How many carry their own, separate E & O insurance? \_\_\_\_\_
  - 3) Limits of Liability for each: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

- II. Had a **single client that represented more than 30%** of the firm's and/or any member's or former member's total gross revenue not previously reported to General Star? If yes please provide a description of services by year including the highest percent the representation was of the firm' and individual accountants billings.

Client Industry \_\_\_\_\_ Number of years they have been your client? \_\_\_\_\_  
 Expect the percentage to increase/decrease  Yes  No

- III. Provided **non-accounting services** (exclusive of services shown in Question 4. AREAS OF PRACTICE) to any client of the firm? Please provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- IV. **Sued to collect fees?** If yes, please provide the following detail:

Client	Fee Amount	Date of Suit	Services Rendered	Status

- V. Provided **audit/attest services** for any client **that subsequently filed bankruptcy**, defaulted on a bond issue, or became insolvent? If yes, please provide the following detail:

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

- VI. Applicant firm has **changed the name** of the firm, **merged with or acquired another firm** within the past 12 months, please provide full details including professional liability insurance history of merged or acquired firms:

Name of Merged or Acquired firm	Date of merger or acquisition	# of principals at merged /acquired firm	# of principals who joined applicant firm	% of billings assigned to successor firm	Did the merged or acquired firm carry insurance. If yes provide retroactive date.
					<input type="checkbox"/> Yes <input type="checkbox"/> No ____ / ____ / ____

- VII. Rendered services to any client at such time that any insured or spouse owned an **equity interest of more than 10% or served as officer, director, partner, or manager** of such client?

- Client Name: \_\_\_\_\_ Date of Services \_\_\_\_\_
- Type of Services Rendered \_\_\_\_\_
- Highest percent of equity interest and/or capacity served within past 5 years \_\_\_\_%  
Dollar amount \$ \_\_\_\_\_
- Conflict Disclosed? Yes  No
- Fees charged to this client for the past 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.

The Accountants professional liability program has been organized as a purchasing group located and domiciled in Illinois, pursuant legislation enacted by congress known as the Federal Risk Retention Act of 1986. You will automatically become a member of the Purchasing Group once your completed application has been approved and your premium payment has been received. **This only applies in the states of IL, KY, TX, VA, DE, SC**

**FRAUD WARNING**

**DISTRICT OF COLUMBIA (DC) FRAUD WARNING**

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.

**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 statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy, or a claim for payment or other benefit pursuant to an insurance policy commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

**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.

**VERMONT FRAUD WARNING:**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (all other states):**

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 material 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 and denial of insurance benefits.

IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT. SHOULD A POLICY BE ISSUED IT WILL ATTACH TO THE POLICY.

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability application. 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 \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
Must be signed by a principal of the firm

For Insurance Agent use only: Agent Code \_\_\_\_\_

Name of Agent \_\_\_\_\_ Tel # ( ) \_\_\_\_\_

E-Mail address \_\_\_\_\_ Fax ##( ) \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip Code \_\_\_\_\_

Licensed Broker Yes No License # \_\_\_\_\_

Licensed Agent Yes No License Exp. Date \_\_\_\_\_

Licensed surplus lines Broker Yes No License # \_\_\_\_\_