



ACCOUNTANTS AND CONSULTANTS PROFESSIONAL LIABILITY COVERAGE APPLICATION

CLAIMS MADE AND REPORTED COVERAGE – PLEASE READ ALL POLICY PROVISIONS

NOTICE: EXCEPT AS MAY BE OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR COVERED ACTS COMMITTED SUBSEQUENT TO THE RETROACTIVE DATE, IF APPLICABLE, FOR WHICH CLAIMS ARE FIRST MADE AGAINST YOU WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO US NO LATER THAN SIXTY (60) DAYS AFTER THE TERMINATION OF THIS POLICY. THE COVERAGE OF THIS POLICY DOES NOT APPLY TO CLAIMS FIRST MADE AGAINST YOU AFTER THE TERMINATION OF THIS POLICY UNLESS, AND IN SUCH EVENT ONLY TO THE EXTENT, AN EXTENDED REPORTING PERIOD OPTION APPLIES

Please fully answer all questions in ink. Complete all sections, including the appropriate supplements. If space is inadequate to answer all questions in full, please provide details on a supplemental sheet of paper.

Throughout this application the words “you” and “your” refer to the applicant herein and any subsidiary, partner, officer, director, member, covered independent contractor or employee of the applicant. The words “we”, “us” and “our”, refer to the insurance company to which this application is made.

New York policyholders: This policy is written on a claims-made basis and unless otherwise states on the Declarations Page, contains no coverage for claims arising out of incidents, occurrences or alleged wrongful acts which took place prior to the retroactive date stated on the Declarations Page. This policy covers only claims actually made against the insured while the policy remains in effect and all coverage under the policy ceases upon the termination of the policy, except for the Automatic Extended Reporting Period coverage, unless the insured purchases Additional Extended Reporting Period coverage.

There may be coverage gaps that may arise upon expiration of such extended reporting period. During the first several years of the claims-made relationship, claims-made rates are comparatively lower than occurrence rates, and you can expect substantial increases, independent of overall rate level increases, until the claims-made relationship reaches maturity. The premium charged for the Additional Extended Reporting Period coverage is based on a percentage of the premium stated herein and provides a variety of additional time periods in which to report claims.

WARNING – COLORADO, FLORIDA, HAWAII, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, PENNSYLVANIA, VIRGINIA AND WASHINGTON RESIDENTS ONLY.

Any person who knowingly and with intent to defraud any insurance company or other person files an application or supplemental application, questionnaire or similar document 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 be subject to fines and confinement in prison (**for New York residents only:** 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). (**For Colorado residents only:** Any insurance company or agent of an insurance company who knowingly provide 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 settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance with the Department Regulatory Authority Agencies). (**For Hawaii residents only:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss is a crime punishable by fines or imprisonment, or both). (**For Louisiana residents only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss 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). (**For Washington residents only:** 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).

PLEASE ENSURE THAT THE APPROPRIATE SUPPLEMENTS ARE COMPLETED AND ATTACHED.

1. Name of Applicant: _____

(attach a copy of the firm's current letterhead)

Contact: _____ E-mail Address: _____

Mailing Address: _____

Telephone #: _____ Fax #: _____

URL: http://_____ Year established: _____ # locations: _____

Individual: Corporation: Partnership: LLC/LLP: Other: _____

2. List any subsidiary, predecessor, acquired or merged firms for which coverage is requested:

<u>Name of firm:</u>	<u>Date of formation or Transaction:</u>	<u># of professional staff that joined you:</u>	<u>% of firm annual billings assigned to you:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. a.) Details of professional staff: Defined as any employee, (full time or part time), with at least a 4-year degree in Accounting or other related field and/or who provides services which are billable to clients. Continue on a separate sheet if necessary.

Name:	Date of Hire [1]:	Designation [2]:	For Part-time staff state average # hours worked per week:	List all Professional Designations and Licenses Held

[1] If the individual has been with **you** more than 5 years insert the words: "FULL" in this column.
 [2] Designation code: **O** – owners, officers, directors, partners, principals, shareholders, members or managing members.
C - Certified Public Accountants
E – All other professional employees

b.) Number of professional staff involved in the following activities:

Real Estate Agents: _____ Life Insurance Agents: _____ Registered Representatives: _____

Is coverage desired for these activities? YES NO

Please attach a copy of the declarations page for any specific professional liability coverage for these activities.

4. a.) **Your** total gross revenues in the last filed tax return, excluding recovered expenses:

\$ _____ for the period ending: month _____ year _____

b.) **Your** estimated gross revenues for the current fiscal year: \$ _____

5. How many of **your** professional staff have completed loss control education in the past 3 years? _____ # staff
 (please provide certificates of completed loss control classes).

6. a.) Have **you** undergone a peer or quality review? YES

Date of review: month: _____ year: _____ **Unqualified?** YES NO

Date of next review: month: _____ year: _____
 (If *qualified or modified*, please forward a copy of report and details of corrective action).

b.) Are all statements of financial condition, balance sheets and reports signed by an owner, officer, partner, principal, shareholder, member or managing member of **you**? YES NO

c.) Are all work papers indexed to reflect what was done, when and by whom? YES NO

d.) Do **you** maintain a system to ensure timely completion of reports, filings and tax returns? YES NO

e.) Do you have a formal policy for destruction of documents YES NO

7. Please provide the approximate percentages of income received from the following activities for the last fiscal year:

Activity:	%	[1]
Audit: publicly traded entities ^[2] :		<input type="checkbox"/>
Audit (not-for-profit) ^[3] :		<input type="checkbox"/>
Audit (all other) ^[3] :		<input type="checkbox"/>
Review:		<input type="checkbox"/>
Compilation:		<input type="checkbox"/>
Bookkeeping:		<input type="checkbox"/>
Taxation:		<input type="checkbox"/>
Trustee Services ^[4] :		<input type="checkbox"/>
Personal Financial Planning ^[5] :		<input type="checkbox"/>

Activity:	%	[1]
M. A. S.		<input type="checkbox"/>

Please Describe in Detail* : _____

Information Technology:		<input type="checkbox"/>
Business Valuation:		<input type="checkbox"/>
ERISA/Pension Plans/TPA:		<input type="checkbox"/>
SEC/Sarbanes Oxley Services ^[2] :		<input type="checkbox"/>
Other Services:		<input type="checkbox"/>

Please Describe in Detail* : _____

TOTAL: 100%

[1] Please check if 100% engagement letters used. *Deductible reduction may be granted.*

[2] Complete the Securities supplement.

[3] Please Complete Question #8

[4] Complete the Trustee supplement.

[5] Complete the Personal Financial Planning supplement.

* Please use separate letterhead for descriptions

8. Complete if any percentage of your practice includes Non-SEC Audit Engagements, (or check if not applicable:)

Business	%
Private Companies	
Government:	
ERISA/Pension Plan:	
Non-Profit:	
Insurance Companies	
Banks/Financial Institutions*	
Other (describe below)	

Total: 100%

Business by Type	%
Manufacturing:	
Retail:	
Construction:	
Service:	
Government /School District:	
Hospital/Medical:	
Non Profit	
Other (describe)	

Total: 100%

* complete Financial Institutions' supplement

- 9. Do engagement letters contain an alternative disputes resolution or mediation clause? YES NO
- 10. Other than Life Insurance or non-funded Trusts, do any of **you** perform any duties as a trustee? YES NO
- 11. Do any of **you** perform any duties as an executor or administrator of an estate? YES NO
- 12. Do any of **you** have discretionary authority to manage, pay bills or invest clients' funds? YES NO

If the response to questions 10, 11 or 12 is "YES," please answer additional questions on the attached supplements.

- 13. Other than collateral review services, have **you** provided any professional services to, acted as a director, officer, or served on an internal committee of a financial institution within the past five years? YES NO

A financial institution is defined as an insurance company or insurance company holding company or affiliate thereof, a bank, credit union, savings and loan, savings Association, building association or other banking institution, bank holding company or affiliate thereof). If "yes", complete the Financial Institutions Supplement.

- 14. Do **you** have an employee dishonesty insurance policy or bond, which covers theft of client funds? YES NO
- 15. In the past 5 years has any member of **your** firm had a professional license suspended or revoked? If "YES" please attach details. YES NO

- 16. For consideration of additional risk management premium credits, please provide the following:

a.) Engagement letters are updated:

- Annually for all engagements
- Annually for attest engagements
- As engagement changes
- Evergreen
- Other : please explain: _____

b.) There is a second person/partner review of:

- All Services
- Tax services
- Attest Services
- Other : please explain: _____

c.) Client screening procedures:

- New clients
- Existing clients
- Both
- Other : please explain: _____

d.) Use checklist (as approved by AICPA, PPC, other):

e.) Use of other risk management procedures (please describe):

- 17. a.) Do you provide personal tax services to any individual client that has an annual income in excess of \$10,000,000? YES
- b.) Do you provide attest services to any private company with annual sales of more than \$250,000,000? YES
- c.) In the past year did any single client represent more than 15 percent of total annual billing? YES

If the response is "YES," to 16 a), b) or c) of the above please provide additional details:

Client Name:	Years As A Client:	Services Rendered:	Was An Engagement Letter Used?
			YES
			YES
			YES

18. Within the past five (5) years, have any of **you** provided services to a client while acting as an officer, director, partner or manager of such client or have any of **you** or a spouse had or currently have an equity or financial interest in a client that is greater than 10%? YES NO

If "YES" to 17 above, complete the information below for each client:

Client:	Equity % Held:	Fees earned \$:	Position:	Services:	Disclosure of conflict:
					YES <input type="checkbox"/> NO <input type="checkbox"/>
					YES <input type="checkbox"/> NO <input type="checkbox"/>
					YES <input type="checkbox"/> NO <input type="checkbox"/>

19. Other than in connection with *personal tax returns*, within the past three (3) years have you sued to collect fees? YES NO

If "YES" to 18 above, provide information below for each client:

Client:	Fee amount:	Date of suit:	Services Rendered:	Status:

20. Other than in connection with activities as a receiver or trustee in bankruptcy, in the past year have you performed attest services for any of your business clients that have declared or filed for bankruptcy, defaulted on a bond issue, or become insolvent subsequent to the rendering of such services? YES NO

If "YES" to 19 above, please provide details on a separate sheet.

21. Within the past five (5) years have **you** provided:

- a.) Professional Services to a Public Traded Company? YES NO
- b.) Professional Services in connection with securities offerings, registration or sale of securities? YES NO
- c.) Forecasts, projections, etc., to sellers or promoters of investments for inclusion in a prospectus or Securities sales literature? YES NO
- d.) Are **you** registered with the Public Company Accounting Oversight Board? YES NO

If "YES" to 20 a), b), c) or d) above, complete the entire Securities Supplement

- e.) Professional Services in connection with any investment syndication or tax shelter, including investment partnerships designed for tax shelters? YES NO

If "YES" to 20 e) above, please provide full details on a separate sheet

22. a.) Within the past five (5) years have any claims or incidents been notified to an insurance company or legal actions been brought against **you** alleging a failure to perform **professional services**? YES NO

b.) After inquiry, do any of **you** for which coverage is requested, have knowledge of any act, error or omission, fee dispute, client bankruptcy, incident or other circumstance that is or could be the basis for a claim under this proposed insurance policy? YES NO

If "YES" to either 21 a) or b) above, complete the claims supplement for each claim or circumstance.

NOTICE TO CALIFORNIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: 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.

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

NOTICE TO IDAHO APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO INDIANA APPLICANTS: Any person who knowingly and with the intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the 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.

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

NOTICE TO MICHIGAN APPLICANTS: Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete or misleading information shall upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.

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

NOTICE TO NEVADA APPLICANTS: Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

NOTICE TO NEW HAMPSHIRE APPLICANTS: Any person who, with purpose to injure, defraud or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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 LOUISIANA AND 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 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 claims 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 OHIO APPLICANTS: Any person who, with 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.

NOTICE TO 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.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 fact 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 TENNESSEE & 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.

I agree that signing this form will permit Jorgensen & Company as managers for **CPAGold™** or their agents to send emails relating to your coverage to the party identified in Item 1. of this application, and their designees.

Signature of Applicant* _____ Date: _____
Title: _____ Firm: _____

***SIGNING THIS FORM DOES NOT BIND YOU OR US TO COMPLETE THE INSURANCE.**

Agent: _____

Producer: _____

License Number: _____

Personal Financial Planning Services Supplement:

1. Have **you** formed a separate business entity to provide Personal Financial Planning Services: YES NO

If "YES", Please describe: _____

2. Do you secure separate errors & omissions coverage with your broker/dealer or for Life Insurance sales? YES NO

3. Do you desire coverage for these services? YES NO

4. Sources of income from Financial Planning and Investment Advisory Services:

	<u>Last year:</u>	<u>Current year:</u>
Fee based assets management including wrap-up fees:	\$ _____	\$ _____
Commissions and/or contingency fees:	\$ _____	\$ _____
Hourly fees and/or retainers:	\$ _____	\$ _____
Other compensation, referral fees or reciprocity*:	\$ _____	\$ _____

* Please describe: _____

5. Activity analysis:

- Referrals to Third Party investment advisors including broker/dealers: YES NO
- Preparation of written financial plans: YES NO
- Recommendation of individual mutual funds: YES NO
- Recommendation of individual stocks, bonds or other investments: YES NO
- Provide portfolio management services: YES NO
- Non-discretionary asset management: YES NO
- Discretionary asset management: YES NO
- Place insurance coverage or annuities: YES NO
- Discretionary Authority to invest client funds: YES NO
- (If "Yes," please provide details on a separate sheet)*
- Other financial planning or investment advice (describe): YES NO

6. Broker/Dealer activities

Are **you** a registered representative/account executive for a broker/dealer or agent for a Life Insurance Company or Agency? YES NO

Name of firm member:	Name of Broker/dealer/ Life Insurance Company or Agency
_____	_____
_____	_____
_____	_____

7. Are **you** registered as an investment advisor? YES NO
 Please specify: _____

8. Do **you** have any professional qualifications specific to financial planning? YES NO

Name of firm member:	Qualification:
_____	_____
_____	_____

9. Provide the value of total funds under asset/portfolio management: \$ _____ and # clients: _____

10. Do **you** invest client funds in limited partnerships or other investments in which **you** have a financial or other interest? YES NO

11. Do **you** require a signed engagement letter or contract updated annually describing the client's investment goals and the services **you** will perform? YES NO

If "NO", please explain: _____

Signature by/for Applicant: _____ Date: _____

Trustee Services Supplement:

1. Please provide the following information for each Trust. DO NOT complete a supplement for Life Insurance Trusts and/or Non-funded Trusts.

Name of Trustee		Name of Trust		
Date of Appointment	Trust Assets	Annual Trust Income	# Of beneficiaries	Type of Trust
	\$	\$		

2. Is there a written Trust Agreement or other form of engagement letter in place where the duties/authorities of the Trustee are clearly stated? YES NO

If "NO", please explain: _____

3. Services, (please check applicable boxes): bookkeeping bill payment tax return preparation
Please provide details of any other professional services rendered: _____

4. Revenue for Trustee Services is included in the total gross revenues stated in Question 4 a) YES NO

If the response is "NO", please explain: _____

5. The fee arrangement for the Trust is determined by:
Trust Agreement Direct billing to Trust Other (describe): _____

6. Does the Trustee engage in any of the following activities:
a.) Use of Trust funds to invest in entities in which the Trustee, **you** or a related individual have an interest or management role? YES NO

If "YES", please explain: _____

b.) Employment (other than professional services) by the Trust of **you** or **your** associates? YES NO

If "YES", please explain: _____

c.) Use of Trust funds as loans to the Trustee, **your** owners or employees? YES NO

If "YES", please explain: _____

d.) Delegation of any Trustee duties to others? YES NO

If "YES", please describe the procedures in place to monitor the acts of others performing Trustee Services: _____

7. Please answer the following questions in regard to discretionary authority:
a.) Do you have discretionary authority to make individual securities investments on behalf of the Trust? YES NO

If "YES", please explain: _____

b.) Do you employ the services of a professional money manager or investment adviser? YES NO

If "NO", please explain: _____

c.) If applicable, are all investment goals and portfolio composition described in the Trust agreement? YES NO

If "NO", please explain: _____

Signature by/for Applicant: _____ Date: _____

Non-Trustee Discretionary authority/control of client funds Supplement:

1. Please provide the following information for each client where you provide business management service or have discretionary authority to handle client funds (*use a separate sheet if necessary*).

<u>Name of Client:</u>		<u>Client's Business or Profession:</u>		
Date of Appointment:	Client Assets:	Amount of client funds controlled:		
	\$	\$		

Please describe specific duties:

2. Would you consider any of these clients an 'entertainment or 'sports personality'? YES NO
 If "YES," please describe:

3. Do **you**:

a.) Use a dual signature control procedure on disbursement of funds? YES NO

b.) Ensure all client bank accounts are reconciled by someone other than the firm personnel authorized to deposit or withdraw from the client's account? YES NO

If "NO", please describe:

c.) Receive compensation based on any method other than hourly fees? YES NO

If "YES", please describe:

4. Please answer the following questions in regard to discretionary authority:

a.) Do you have discretionary authority to make individual securities or other investments on behalf of the client? YES NO

If "YES", please explain:

b.) Do you employ the services of a professional money manager or investment adviser? YES NO

If "YES", please explain:

c.) If applicable, are all investment goals and portfolio composition described in the engagement letter? YES NO

If "NO", please explain:

5. Please answer the following questions in regard to Employee Dishonesty Insurance:

a.) Do you maintain an employee dishonesty policy in connection with discretionary authority engagements? YES NO

If "YES" to the above, please answer questions 5b and 5c:

b.) Is the coverage endorsed on your firm's business owners' policy, (BOP), package? YES NO

c.) Does your firm have a separate policy form for employee dishonesty coverage? YES NO

***If separate coverage is maintained please attach a copy of the policy declarations page for employee dishonesty coverage.*

Signature by/for Applicant: _____

Date: _____

ACCOUNTANTS AND CONSULTANTS PROFESSIONAL LIABILITY INSURANCE

SUB-PRIME MORTGAGES QUESTIONNAIRE

Not applicable (**you** provide none of the following services):

1. Do **you** provide **attest services** to any of the following?
- | | | |
|---|------------------------------|-----------------------------|
| Mortgage brokers or Mortgage Bankers: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Real Estate Agencies: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Savings and loan Associations: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Banks or other Financial Institutions offering residential mortgages: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Real Estate Appraisal Companies or Home Inspection Companies: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Real Estate Investment Trusts or Mutual Funds specializing in subprime lending : | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Hedge Fund or Limited partnerships specializing in subprime lending : | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Mortgage Companies: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
2. Have any of the above been active in **subprime lending** or loans to **subprime borrowers**? YES NO
3. Do you provide valuation services of mortgage-related securities/derivatives? YES NO
4. As part of **your** Personal Financial Practice have **you** sold or recommended investments in Collateralized Mortgage Obligations, Collateralized Debt Obligations, Real Estate Investment Trusts, Mutual Funds or Hedge Funds or Limited partnerships specializing in **subprime lending**? YES NO

If you have answered "Yes" to Questions 2, 3, or 4, above please provide a narrative:

Signature of Applicant: _____ Date: _____

Attest Services are defined as a formal statement made by an auditor after a thorough examination and consideration, as to whether financial statements fairly present financial position and operating results. With an **attest services**, the public accountant provides an objective evaluation to aid financial users.

Subprime lending, also called B-paper, near-prime, or second chance lending, is the practice of making loans to borrowers who do not qualify for the best market interest rates because of their deficient credit history.

Subprime borrowers are borrowers with weakened credit histories that include payment delinquencies, and possibly more severe problems such as charge-offs, judgments, and bankruptcies. **Subprime borrowers** may also display reduced repayment capacity as measured by credit scores, debt-to-income ratios, or other criteria that may encompass borrowers with incomplete credit histories. [U.S. Department of Treasury guidelines 2001]

PROVIDE ABOVE INFORMATION ON SEPARATE LETTERHEAD OR PHOTOCOPY IF ADDITIONAL SPACE IS NEEDED

SEC Investigation - additional Questionnaire:

Name of Applicant or Insured: _____

Not applicable (you have not provided any of the products or services noted below)

1. Have any of **you** recommended, analyzed or otherwise evaluated any investment funds, mutual funds or other investment vehicles sold or promoted by any investment advisers or Hedge Fund that is or has been under investigation by the Securities and Exchange Commission or other regulatory agency?

YES NO

Engagement letter or contract for services attached? YES NO

If "YES", Please describe: _____

2. Have any of **you** directly sold to **your** clients any investment funds, mutual funds or other investment vehicles sold or promoted by any investment advisers or Hedge Fund that is or has been under investigation by the Securities and Exchange Commission or other regulatory agency?

YES NO

Engagement letter or contract for services attached? YES NO

If "YES", Please describe: _____

3. Are you aware of any investment funds **you** have recommended, analyzed or evaluated, that has invested with any investment funds, mutual funds or other investment vehicles sold or promoted any investment advisers or Hedge Fund that is or has been under investigation by the Securities and Exchange Commission or other regulatory agency?

YES NO

Engagement letter or contract for services attached? YES NO

If "YES", Please describe: _____

4. Are you aware of any non-personal financial planning client that has invested with any investment funds, mutual funds or other investment vehicles sold or promoted by any investment advisers or Hedge Fund that is or has been under investigation by the Securities and Exchange Commission or other regulatory agency?

YES NO

Engagement letter or contract for services attached? YES NO

If "YES", Please describe: _____

Additional information:

Signature by/for Applicant: _____

Date: _____

**ACCOUNTANTS AND CONSULTANTS PROFESSIONAL LIABILITY INSURANCE
APPLICATION**

IDENTITY THEFT SUPPLEMENT

Name of firm: _____

1. What is **your** fee income received from **personal tax services** for the last fiscal year: \$ _____
2. Provide the number of **personal tax services** clients for the last fiscal year: _____
3. Do **you** have a physical backup system (tape or disk) for electronic client files? YES NO
4. Do **you** have a formal procedure for destroying or archiving old client files? YES NO

Describe: _____

5. Do **you** have a formal policy regarding the security of client files removed from the office? YES NO
6. Are all partners and staff advised of **your** formal policy regarding data security? YES NO
7. Do **you** use laptops or portable media devices to transport or remotely work on client files? YES NO
8. Are all client files contained on laptops or portable media devices encrypted? YES NO

Describe: _____

9. Are all servers or network computers "firewall" protected against outside access? YES NO
10. Do **you** have a formal procedure for the disposal of obsolete computers or hard drives? YES NO

Describe: _____

11. Are all partners and staff advised of the obligations to secure client privacy? YES NO
12. Do **you** have a client notification system in the event of loss or theft of personal records? YES NO
13. In the past five years have any client records in **your** custody or control been lost or stolen? YES NO

Describe: _____

14. How frequently are passwords changed? _____
15. Do **you** undertake security background checks for new employees? YES NO
16. Are passwords and network access immediately revoked for terminated employees? YES NO
17. How many staff have access to **your** computer network? _____
18. Do you monitor and log access to **your** computer network? YES NO
19. Are all CD/DVD and USB flash drives on staff computers disabled? YES NO
20. What firewall software do **you** use on your computer network? _____
21. Are all firewalls and firewall software current and regularly updated? YES NO

Describe: _____

Signature of Applicant: _____ Date: _____

Personal tax services means personal tax returns, tax consulting and tax planning for private individuals.



ACCOUNTANTS AND CONSULTANTS PROFESSIONAL LIABILITY INSURANCE APPLICATION

SUPPLEMENTAL CLAIM/INCIDENT INFORMATION

This form should be completed for each claim, suit or incident applicant firm is aware of after inquiry of all members, officers, owners, partners and employees.

Please ensure that all questions are answered completely.

1. Name of Applicant or Insured: _____
2. Name of claimant: _____
3. Indicate whether: Claim Incident Subpoena
4. Date of Services Rendered: _____
5. Date you become aware of claim: _____
6. Date reported to your insurer: _____
7. Name of insurance carrier responding to this claim or incident: _____
8. Additional defendants: _____
9. Status of Claim: Closed Open No activity since _____
 - a. Indicate date closed: _____ Settlement: \$ _____ legal expenses: \$ _____
 - What was your deductible: \$ _____ each loss
10. IF PENDING, PLEASE ATTACH SUIT PAPERS OR ANSWER ALL QUESTIONS BELOW:
 - a. Claimant's settlement demand: \$ _____
 - b. Defendant's offer for settlement: \$ _____
 - c. Insurer's Loss reserve: \$ _____
 - d. Insurer's Defense Expense reserve: \$ _____
 - e. Insurer's Defense Expense paid to date: \$ _____
11. Was an engagement letter used? YES NO
12. Provide a description of the claim:

13. Provide details of any steps that have been taken by **you** to avoid or mitigate the possibility of a similar claim occurring in the future:

Signature of Applicant: _____

Date: _____