

Application Instructions

You have chosen to complete a Premier Plan New Business Application. Please follow the instructions listed below.

1. Print the application:
2. Complete the application:
3. Fax the completed application using this fax cover sheet or mail the completed application to the following address:

Mitchell & Mitchell Insurance Agency, Inc.
250 Bel Marin Keys Blvd., E1
Novato, CA 94949

If you have any questions, please call one of our representatives at **1-800-562-4272**,
Monday – Friday between 8:00 A.M. and 5:00 P.M. PST.



Mitchell & Mitchell
Insurance Agency, Inc.

Fax

To: Mitchell & Mitchell Insurance Agency, Inc. From: _____

Fax: 1-800-247-5624 Pages: _____

Phone: 1-800-562-4272 Date: _____

Re: Premier Plan New Business Application _____



The Premier Plan- *Application* Client No. _____

Part of the AICPA Professional Liability Insurance Program

A. Firm Information

Firm Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date Established: _____ Firm Phone Number: _____ Fax Number: _____

Contact Person: Mr. Ms. _____ Contact Phone: _____

Please e-mail future correspondence to: _____ Firm's Website Address: _____

Yes, I would like to receive the free AICPA Insurance Programs E-Newsletter. The E-Newsletter offers Risk Management alerts, new information on products, and program sponsored CPA events. My e-mail address is noted above.

Is at least one member of your firm an active member of one of the following professional associations/sections? Check all that apply.

- AICPA State CPA Society PCPS Other _____
- Employee Benefit Plan Audit Quality Center Governmental Audit Quality Center Center for Public Company Audit Firms

1. Does your firm or any owner, partner or officer render services or conduct **any** business activities under any other name? Yes No
- a. If yes, complete **SEPARATE ENTITY SUPPLEMENT on page S-1** for all such entities whether coverage is desired or not.
- b. Coverage may be available for such entities subject to underwriting approval.
- Would you like coverage for these entities? Yes No
- If yes, please list the entities for which you are seeking coverage: _____

Please complete the remainder of the application with respect to the firm and all entities listed in 1b. above. Wherever the words "firm affiliates" are used, they will be deemed to include the entities listed in 1b. above.

2. Please indicate the number of personnel for firm and firm affiliates:
- | | | | |
|---|-------|-----------------------------|-------|
| CPA Owners, Partners, & Officers | _____ | Consulting Professionals | _____ |
| Non CPA Owners, Partners, & Officers | _____ | Support Staff (all others) | _____ |
| Employed CPAs (other than identified above) | _____ | Total Firm Personnel | _____ |
| Other Accounting or Tax Professionals | _____ | | |

3. Within the past 3 years, has your firm or any firm affiliate:
- a. changed its name or ownership structure? Yes No
- b. merged with or acquired the business of any sole practitioner, accounting firm or other business entity? Yes No
- c. reduced the number of its owners, partners, or officers by 50% or more? Yes No
- If yes to any above, provide complete details on a separate sheet, including any policy amendments/endorsements to your current coverage.

4. a. Gross annual revenue for the firm and firm affiliates on an accrual basis:

Second Last Fiscal Year	Last Fiscal Year	Estimate for Current Fiscal Year	Projected Next Fiscal Year
FYE: / /	FYE: / /	FYE: / /	FYE: / /
\$	\$	\$	\$

b. If projected fiscal year revenues are more than 15% over current fiscal year revenues, provide an explanation on a separate sheet.

B. Nature of Practice

5. Provide the percentage of gross annual revenue derived from the following areas of practice. **Total of all items must equal 100%.**

	Are annual engagement letters used?		Are annual engagement letters used?
A. Business Tax Services	_____% <input type="checkbox"/> Yes <input type="checkbox"/> No	K. Other Attest/Assurance Services	_____% <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Estate Tax Services	_____% <input type="checkbox"/> Yes <input type="checkbox"/> No	(Please describe) _____	
C. Individual Tax Services	_____% <input type="checkbox"/> Yes <input type="checkbox"/> No	L. Business Planning	_____% <input type="checkbox"/> Yes <input type="checkbox"/> No
D. Financial Planning and Investment Advisory Services	_____% <input type="checkbox"/> Yes <input type="checkbox"/> No	(Please describe) _____	
E. Bookkeeping/Write-up	_____% <input type="checkbox"/> Yes <input type="checkbox"/> No	M. Information Technology	_____% <input type="checkbox"/> Yes <input type="checkbox"/> No
F. Compilation	_____% <input type="checkbox"/> Yes <input type="checkbox"/> No	N. Business Valuation	_____% <input type="checkbox"/> Yes <input type="checkbox"/> No
G. Review	_____% <input type="checkbox"/> Yes <input type="checkbox"/> No	O. Litigation Consulting	_____% <input type="checkbox"/> Yes <input type="checkbox"/> No
H. Audit: Non-public clients	_____% <input type="checkbox"/> Yes <input type="checkbox"/> No	P. Other Consulting	_____% <input type="checkbox"/> Yes <input type="checkbox"/> No
I. Audit: Publicly held clients	_____% <input type="checkbox"/> Yes <input type="checkbox"/> No	(Please describe) _____	
J. Forecasts/Projections	_____% <input type="checkbox"/> Yes <input type="checkbox"/> No		

6. Estimated total number of clients for last fiscal year: _____
7. a. Percentage of revenue from largest client (include related entities): _____% Client name: _____
 Client industry: _____ Services rendered by firm: _____
- b. Percentage of revenue from second largest client (include related entities): _____% Client name: _____
 Client industry: _____ Services rendered by firm: _____
8. Within the past **3 years**, have personnel of the firm or firm affiliates rendered assurances as to care received by an individual, consulted with clients on care options, provided assistance with daily activities, **other than bill paying**, or coordinated the provision of such services for any client? Yes No
 If yes, complete **ELDER CARE SUPPLEMENT on page S-1.**
9. Within the past 10 years, have your firm, firm affiliates, their predecessors in business or their personnel (on behalf of any of the foregoing) received fees or reciprocity in connection with the design, recommendation, sale or promotion of any income tax transaction which:
- a. is specifically identified by the IRS as a tax avoidance transaction (“listed transactions”), or is substantially similar to abusive tax shelters or transactions listed under the IRS Code?..... Yes No
- b. or, any income tax transaction that is considered to be a reportable transaction under Treasury Regulation § 1.6011-4? Yes No
 If yes, on a separate sheet, describe any services rendered, estimate and/or describe the related fees or reciprocity received for each of the past 10 years, and provide copies of any opinion letters or any other materials used to promote this product/service.
10. Within the past 3 years has your firm, firm affiliates or their personnel:
- a. Rendered financial planning, asset management, or investment advisory services? Yes No
- b. Received commissions, referral fees, reciprocity or other inducements arising from the sale, promotion or recommendation of securities, insurance products, real estate or other investments?..... Yes No
 If yes to either 10a. or 10b., or any percentage under 5D., complete **FINANCIAL PLANNING AND INVESTMENT ADVISORY SERVICES SUPPLEMENT on page S-2.**
11. Within the past 3 years has your firm, firm affiliates, their predecessors in business or their personnel:
- a. Performed audit, review, attestation or consulting services to publicly held companies, their subsidiaries or their employee benefit plans? Yes No
- b. Submitted bids, are in the process of bidding or plan to bid on any new engagements to perform audit, review, attestation or consulting services for a publicly held company, its subsidiaries or its employee benefit plans? Yes No
 If yes to either 11a. or 11b., complete **PUBLIC COMPANY SUPPLEMENT on page S-4.**
- c. Performed information technology services? Yes No
 If yes, complete **INFORMATION TECHNOLOGY SUPPLEMENT on page S-6.**
- d. Served as a trustee, co-trustee, executor, administrator or personal representative? Yes No
 If yes, complete **TRUSTEE & ESTATE SUPPLEMENT on page S-6.**
- e. Controlled or disbursed client funds? Yes No
 If yes, complete **FUNDS CONTROLLED SUPPLEMENT on page S-6.**
- f. Performed services or consented to the use of your work product in connection with public or private offerings of securities, real estate, or other investments? Yes No
 If yes, complete the **OFFERINGS SUPPLEMENT on page S-7.**
- g. Performed audits of non-publicly held clients? Yes No
 If yes, complete **NON-PUBLIC AUDIT CLIENT SUPPLEMENT on page S-7.**
12. Within the past 3 years has your firm, firm affiliates or their personnel:
- a. Organized, promoted, solicited on behalf of or procured participants for investment ventures?..... Yes No
- b. Provided management services for investment ventures? Yes No
- c. Invested in any non-public investment venture that a client has also invested in?..... Yes No
 If yes to any above, complete **INVESTMENT VENTURE SUPPLEMENT on page S-8.**
13. Within the past 3 years has your firm or firm affiliates rendered services, **other than tax**, for any client in which firm personnel, or the spouse of firm personnel, owned or received an equity interest or served as an officer, director, partner, manager or other member of a client’s governing body? Yes No
 If yes, complete **OUTSIDE INTEREST SUPPLEMENT on page S-8.**
14. Within the past 3 years has your firm, firm affiliates or their personnel received non-monetary compensation for professional services? (i.e. stock, options, services, products, property, etc.) Yes No
 If yes, please describe: _____

15. Within the past 3 years has your firm, firm affiliates or their personnel arranged debt or equity financing, acted as a business broker, underwritten the offering of public or private securities, rendered actuarial services or prepared fairness opinions?..... Yes No
 If yes, on a separate sheet provide the name of each client, the services rendered, and the amount and form of compensation paid to your firm, firm affiliates, or their personnel.

16. Within the past 3 years has your firm or firm affiliates rendered services, **other than tax**, for a business client that subsequently declared or filed bankruptcy, defaulted on a debt obligation, or became insolvent? Yes No
 If yes, provide:

Name of client and client industry	Type of services you rendered & dates of your services	Type of Audit Opinion	Going concern reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of bankruptcy, insolvency, or default <i>(please specify)</i>

17. Do any personnel of the firm or firm affiliates maintain a professional license **other than** as an accountant, registered representative, insurance agent, or investment advisor? Yes No
 If yes, provide person's name, type of license, revenues from activity, professional liability insurer, limits of liability, and expiration date of policy on a separate sheet.

C. Quality Controls

18. Have any personnel completed the AICPA Professional Liability Risk Management Seminar, CD-ROM self-study course, or Webcast within the past 3 years? Yes No
 If yes, please specify below:

- a. Seminar: Number of attendees _____ Date of seminar ___/___/___
- b. CD-ROM self-study course: Number of personnel who received a certificate of completion _____
- c. Webcast: Number of personnel who received a certificate of completion _____

19. Within the past 3 years has your firm or firm affiliates sued to collect fees, including small claims court? Yes No
 If yes, provide on a separate sheet the amount, status, reason for suit, and procedures for monitoring outstanding fees.

20. Within the past 3 years, has your firm undergone a peer or quality review offered by the AICPA or any state CPA Society? Yes No
 Opinion rendered: Unqualified/Unmodified Qualified/Modified Other _____ Date issued ___/___/___
 If there was a letter of comments or the opinion was Qualified, Modified, or Other, please attach a copy of the *Peer Review Report* as well as the *Letter of Comments* and the firm's *Letter of Response* and the same data from the firm's prior peer review.
 If your firm has NOT undergone peer review and provides compilation, review and/or audit services, please indicate the anticipated date of review. If no review planned please explain why.

D. Claims and Prior Insurance Information

21. After inquiry of all owners, partners, officers and professionals of the firm and firm affiliates, within the past 5 years have any past or present personnel:

- a. been the subject of any regulatory or disciplinary investigation or inquiry (both formal and informal) or been suspended from practice? Yes No
- b. charged or plead guilty to, or indicted on a criminal charge? Yes No

If yes to either a. or b., provide details on a separate sheet.

- c. become aware of any professional liability claims made against the firm, firm affiliates, their personnel, or the firm's predecessors in business? Yes No
- d. become aware of any act, omission or fee dispute which might be expected to be the basis of a claim or suit against the firm, firm affiliates, their personnel, or the firm's predecessors in business? Yes No

If yes to either c. or d., complete **CLAIM/INCIDENT SUPPLEMENT on page S-8.**

NOTICE

1. Any claim or potential claim identified in question 21 or which any owners, partners, or officers of the applicant firm have any knowledge of prior to inception of any CNA policy will not be afforded coverage under any policy which may subsequently be issued by CNA.
2. Failure to identify in writing to CNA, any claim made against the applicant firm or any of the firm's personnel, firm affiliates or the firm's predecessors in business during the applicant firm's current policy term, or facts, circumstances, or events which may give rise to a claim against the applicant firm's current insurance company BEFORE policy expiration, may be considered fraudulent and invalidate any policy which may subsequently be issued by CNA.

THE COMPLETION OF THIS APPLICATION OR THE ATTACHED SUPPLEMENTS, OR TENDERING OF PREMIUM DOES NOT BIND COVERAGE. THIS APPLICATION IS SUBJECT TO THE UNDERWRITING RULES OF THE INSURANCE COMPANY.

NOTICE

1. Neither the responses to this application nor any attachments thereto constitute a submission of a claim or notice circumstances, occurrences or potential claims under any existing insurance policy. Nor does any such response indicate or imply that any claim, act or omission disclosed will be covered by this policy.

WARNING - COLORADO, FLORIDA, HAWAII, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW YORK, OHIO, OKLAHOMA, PENNSYLVANIA AND VIRGINIA RESIDENTS ONLY

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 (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 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.) (For Hawaii residents only: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.) (For Virginia 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.)

Applicant represents, after inquiry, that the information contained herein and in any attachments, supplemental applications or forms required hereby are true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

- 1) if a policy is issued, the Company will have relied upon, as representations: this application; and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof and
- 2) this application will be the basis of the contract and will be incorporated by reference into and made a part of such policy.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant

IMPORTANT! Where requested, please be sure that appropriate supplements are completed and attached.

Must be signed by a person who has the authority to sign on behalf of and to bind the Applicant, all firms and individuals requesting insurance through this application.

Signature of Applicant	Title	Date





The Premier Plan- *Application Supplements*

Part of the AICPA Professional Liability Insurance Program

Client No. _____

SEPARATE ENTITY SUPPLEMENT *As referenced in Question 1a.*

1. Number of entities under which your firm or its owners, partners or officers conduct business activities: _____
2. Provide the following for each entity: (attach a separate sheet for multiple entities.)
 - a. Name of entity and form of entity (subsidiary, DBA, joint venture, LLP, etc.): _____
 - b. Date established: ____/____/____
 - c. Percent of ownership held by your firm and all firm personnel: _____%
 - d. Total professional staff: _____ Total support staff: _____
 - e. Provide a detailed description of the entity's services: _____

f. Gross Annual Revenue on an accrual basis (include this revenue in amounts listed in Question 4 of the application):

Last Fiscal Year	Estimate For Current Year	Projection for Next Fiscal Year
FYE: / /	FYE: / /	FYE: / /
\$	\$	\$

- g. Was this revenue included under question 4. of the application? Yes No
 - h. Does the entity currently have professional liability coverage? Yes No
 If yes, please provide a current copy of the Declarations Page.
- Are additional sheets attached? Yes No

ELDER CARE SERVICES SUPPLEMENT *As referenced in Question 8.*

1. List the professionals who perform elder care services for clients.

Name	Profession & Licenses	Employee/or Independent Contractor	Type of Services Rendered

2. What experience do the professionals listed above have in rendering elder care services? Attach a detailed description, resume or curriculum vitae.
3. Please provide a **detailed** description of your elder care consulting and attest services:

4. Please complete the following table:

	Last Fiscal Year	Estimate For Current Year
Revenues from elder care services	\$	\$
Total number of elder care clients		
Total number of elder care clients receiving attest services		

5. Have any personnel of the firm or firm affiliates served as a conservator or guardian for a client or legally assumed responsibility for the physical well being of any client? Yes No
- Are additional sheets attached? Yes No

FINANCIAL PLANNING & INVESTMENT ADVISORY SERVICES SUPPLEMENT
As referenced in Question 10a., 10b., 28., and 29.

1. Provide the following information on personnel for which you have responded "Yes" to either question 10a. or 10b.
 Name and Professional Designations Earned _____
2. Is your firm or any firm affiliate a Registered Investment Advisor? Yes No
3. If any persons in your firm or firm affiliates registered with the National Association of Securities Dealers (NASD) as a representative or principal complete the following box:

Name of Representative	NASD Examinations Passed (List Series)	Name of Broker/Dealer

* A complete listing of all securities examinations administered by NASD is available on the Internet at <http://www.nasdr.com>. Coverage may be available for registered representatives by endorsement to your policy subject to underwriting approval. Would you like a quotation? Yes No

4. Indicate the amount of gross revenues on an accrual basis earned by the firm, firm affiliates, and their personnel from financial planning, asset management, investment advisory services, and product sales. All such revenues should be included in item 4. on Page 1 of this application.
- a) Last Fiscal Year \$ _____
- b) Estimate for Current Fiscal Year \$ _____
- c) Projection for Next Fiscal Year \$ _____

5. From the amount listed in 4a. above, provide the percentage of revenue derived from the following areas of practice. *Total of all items must equal 100%.*

Referrals to 3 rd parties <i>**Describe below</i>	%	Non-discretionary Asset Management	%
Preparation of Financial Plans	%	Discretionary Asset Management	%
Sale of Securities	%	Other Investment Advisory Services <i>*Describe below</i>	%
Sale of Insurance Products	%	Other Services <i>*Describe below</i>	%

**Describe:* _____

***Describe method of compensation:* _____

6. Indicate which products personnel recommend, manage, refer and/or sell **AND** estimate the percentage of revenue earned from recommending and/or selling the following classes of products. (For example: Class A=80%, Class B=15%, Class C=5% and Class D= 0%).

Class A		Class A % =
Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Variable Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fixed Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Life/Health/Disability/Accident Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Class B		Class B % =
Property/Casualty Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Listed Stocks/Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Class C		Class C % =
Unlisted Stocks/Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Foreign Securities	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Options and Futures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
REITs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Private Placements	<input type="checkbox"/> Yes <input type="checkbox"/> No	
General and Limited Partnerships	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Viatical Agreements	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Class D		Class D % =
Derivatives	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hedge Funds/Funds of Hedge Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other <i>*Describe below</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Describe:* _____

7. For asset/portfolio management, provide the following:

	Last Fiscal Year	Estimate for Current Fiscal Year
Total funds under discretionary management	\$	\$
Total number of discretionary accounts		
Total funds under non-discretionary management	\$	\$
Total number of non-discretionary accounts		

8. Within the past 3 years, have any personnel recommended any non-public investments to clients in which the firm, firm affiliates or their personnel have an ownership interest? Yes No

If yes, please provide details: _____

9. Do the firm and firm affiliates obtain a signed engagement letter or written agreement updated annually outlining the client's investment objectives and the services the firm will perform? Yes No

If no, please explain: _____

10. Is any person in your firm or any firm affiliate licensed as life/health/accident/disability insurance agent or broker? Yes No

a. If yes, coverage may be available for life/health/accident/disability insurance agents by endorsement to your policy subject to underwriting approval. Would you like a quotation? Yes No

b. Provide their names and complete the following table: _____

	Last Fiscal Year	Estimate For Current Year
Annual Premium Volume	\$	\$
Annual Insurance Commissions	\$	\$
Number of Policies		

c. Within the past 3 years, have the agents placed business with any non-admitted carrier or any carrier with an A.M. Best rating less than "B"? Yes No

d. Do the life/health/accident/disability insurance agents have errors & omissions insurance? Yes No

If yes, attach a copy of their current Declarations Page.

11. Does your firm, firm affiliates or their personnel have discretionary authority to invest for any employee benefit plan? Yes No

If yes, please provide the following on a separate sheet:

A) Names of employee benefit plans.

B) Total amount of assets under your management for each plan.

C) Copy of written agreement under which you are rendering services.

Coverage may be available for acting as a benefit plan fiduciary by endorsement to your policy subject to underwriting approval. Would you like a quotation? Yes No

Are additional sheets attached? Yes No

PUBLIC COMPANY SUPPLEMENT *As referenced in Question 11a. and 11b.*

Within the **past 3 years** if your firm, firm affiliates, their predecessors in business or their personnel performed audit or review services for a public company, its subsidiaries or its employee benefit plans or if you are in the process of bidding or plan to bid on any new engagements to perform such services for any of these types of entities, complete **PART A AND B** of this supplement.

Within the **past 3 years** if your firm, firm affiliates, their predecessors in business or their personnel performed attestation or consulting services but no audit or review services for a publicly held company, its subsidiaries or its employee benefit plans or if you are in the process of bidding or plan to bid on any new engagements to perform such services for any of these types of entities, complete **PART B** of this supplement only.

Part A: Audit and Review

1. Complete the following for all public companies, their subsidiaries or their employee benefit plans for whom these services were provided within the **past 3 years AND** for whom you are bidding or plan to bid to perform such services. If a client has changed names, please provide the former and the current name. Attach a separate sheet if necessary.

Client Name	Primary Industry	Number of Years in Business	Number of Months as Client*	Dates of Reports Issued	Type of Reports Issued	(Audit) List if Reports Qualified, Adverse, Disclaimed, or Contained Going Concern Reference	CUSIP Number

*If less than 18 months, provide name of predecessor auditor(s) and type of audit report issued.

2. For each client identified above, please complete the following table and respond "yes" or "no" with respect to the most recent financials you have reported on.

Client Name	Net Loss?	Negative Cash Flow?	Negative Retained Earnings?	Significant Uncertainties or Contingencies?	Going Concern Reference?

3. During the **past 3 years**, for audit or review engagements performed for public companies, their subsidiaries or their employee benefit plans that were new to your firm, did you become aware of any client disagreements with the predecessor auditor? Yes No

If yes, identify the client, and if the disagreements were not disclosed in SEC filings, describe them. _____

4. During the **past 3 years**, have any public companies, their subsidiaries or their employee benefit plans that have been your audit or review clients:

a. issued corrected financial statements, or had their accountants withdrawn or issued revised audit or review reports? Yes No

b. been the subject of any regulatory inquiry or investigation regarding financial statement reporting or disclosure matters? Yes No

*If yes, identify client and list the year(s) for which the subject financial statements were corrected and/or audit or review reports withdrawn or revised, explaining the reason for the statement or report correction/withdrawal/revision **OR** describe the nature of the inquiry or investigation.* _____

5. Attach copies of the resumes of all firm principals or managers responsible for the supervision of these services.

6. List the date the firm registered with the PCAOB (Public Company Accounting Oversight Board) _____
If the firm is not currently registered with the PCAOB, on a separate sheet, explain why the firm is exempt from registration requirements.

Part B: All Other Services

1. Check the boxes that apply. Within the **past 3 years**, did the firm, firm affiliates, their predecessors in business or their personnel (on behalf of any of the foregoing) render any of the following services for public companies, their subsidiaries, or their employee benefit plans:

A. Internal audit or internal control consulting services? Yes No

B. Information technology consulting services? Yes No

C. Other consulting services? Yes No

D. Attestation services? Yes No

If yes to any of the above, provide the following information for each applicable service category:

- Description of services rendered
- Client names
- Estimates of your firm's gross revenues on an accrual basis for the most recent and current fiscal years
- Resumes of firm principals or managers in charge of services
- Marketing materials used to promote these services
- Sample engagement letters

2. Check the boxes that apply. With respect to your firm or firm affiliates, did you bid within the **past year**, are you currently in the process of bidding, or do you plan to bid on any of the following engagements for a public company, its subsidiaries or its employee benefit plans?

A. Internal audit or internal control consulting services? Yes No

B. Information technology consulting services? Yes No

C. Other consulting services? Yes No

D. Attestation services? Yes No

If yes to any of the above, on a separate sheet, describe the services that have been or are expected to be proposed, identify the prospective client by name and industry, and provide copies of the resumes of firm principals or managers expected to direct these engagements along with any related marketing materials used.

INFORMATION TECHNOLOGY SUPPLEMENT *As referenced in Question 11c.*

1. Type of Information Technology Services

Class A	Revenues From Last Fiscal Year	Estimated Revenues for Current Fiscal Year	Are Written Agreements or Engagement Letters used Annually?
Data processing and entry	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recommending, selling, and/or training clients on computer software or hardware	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Installing software and hardware	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Class B			
Performing regular systems maintenance	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Network design and installation	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Modifying, designing or developing custom software or hardware for use by a single client	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Class C			
Designing or developing software or hardware for mass distribution	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Class D			
Web page development, web page maintenance/updates, or content provider for web page/forum	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Class E			
Hosting web pages, Internet access provider, electronic bulletin board service, file transfer protocol site, or forum manager, file storage	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: Please describe -	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

For any work noted under Class C., D., and E. above provide:

- Copies of all printed materials used to market these products or services.
- Samples of contracts or engagement letters used for these products or services.

Are additional sheets attached? Yes No

TRUSTEE & ESTATE SUPPLEMENT *As referenced in Question 11d.*

1. Provide information for each trust or estate:

Name of Trust or Estate	Start Date of Engagement	*Type	Value of Assets	Annual Income of Assets	Number of Beneficiaries	**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

* E = Estate P = Personal/Family trusts B = Business trusts F = Foundations C = Charities R = Real Estate

** Beneficiary interest means any personal interest you or a relative might have as heir or beneficiary of the trust or estate funds, other than customary fees as trustee, administrator, executor or personal representative to which you are entitled.

Are additional sheets attached? Yes No

FUND CONTROLLED SUPPLEMENT *As referenced in Question 11e. and 30.*

- List total amount of client funds your firm and firm affiliates controls or disburses annually \$ _____ .
- Number of Clients _____.
- On a separate sheet, describe the scope of services provided by the firm and describe all quality or internal controls in place for the services provided.

4. a. Do you provide business management or Family Office services or control funds for clients in the entertainment field? Yes No
 b. If yes, provide the number of clients_____.
- For each Family Office client with assets under your control of \$10,000,000 or greater and for each business management/entertainment client with assets over \$5,000,000 under your control, provide a copy of your current engagement letter and on a separate sheet provide a detailed description of services provided to each client.
5. Provide the number of employees who control or disburse funds for the firm, firm affiliates **or** clients_____.
6. Does the firm or firm affiliates currently have a surety bond or other form of employee dishonesty insurance coverage? Yes No
 If yes, please provide a copy of the current Declarations Page for the bond or policy.
7. Subject to underwriting approval, Employee Dishonesty Coverage may be available by endorsement to your policy. Would you like a quotation? Yes No

PUBLIC & PRIVATE OFFERINGS SUPPLEMENT *As referenced in Question 11f.*

1. Please provide information for each new offering of securities, real estate or other investments within the past 3 years, including non-regulated offerings.

Client Name & Industry	Type of Services Rendered	Year Services Rendered	Size of Offering	Fees Charged	Type of Offering*
			\$	\$	
			\$	\$	

*If public, indicate primary or secondary. If private, indicate partnership, trust or stock sale.

2. Specify the years of experience of firm personnel involved in the offerings of securities, real estate, or other investments described above. _____

Are additional sheets attached? Yes No

NON-PUBLIC AUDIT CLIENT SUPPLEMENT *As referenced in Question 11g.*

1. Client Industry	# of Audits	Estimated Audit Fees	# of Clients with Assets over \$5,000,000	# of Clients with Net Loss for last FYE
a. Agribusiness (non Grain Elevator)				
b. Agribusiness (Grain Elevator)				
c. Automobile/Vehicle Dealers/Rental				
d. Banks/Lending Institutions				
e. Broker Dealers				
f. Construction				
g. Employee Benefit/Welfare Plans: 1. Subject to ERISA 2. Not subject to ERISA				
h. Entertainment Services				
i. Government/Municipal				
j. Health Care Institutions				
k. Implement Sales				
l. Insurance Companies*				
m. Investment Companies & Funds 1. Hedge Funds and "Funds of Funds" 2. All others				
n. Manufacturing				
o. Mass Media				
p. Mining/Oil & Gas				
q. Not-for-profit				
r. Professionals-Health Care				
s. Professionals-Non Health Care				
t. Real Estate Development/Mgmt				
u. Retail				
v. Service Providers-Other				
w. Transportation				
x. Tribal Entities				
y. Unions				
z. Warehousing/Distribution/Wholesale				
aa. Web-based Business				
bb. Other-(please describe)				

Insurance companies*- include all stock companies, Lloyds organizations, insurance exchanges, mutual companies, reciprocal exchanges, fraternal organizations, captives, self-insurance funds, risk retention groups, pools & associations, HMOs and PPOs- **LIST ALL INSURANCE COMPANIES BY NAME ON A SEPARATE SHEET WITH CURRENT AM BEST RATING.**

2. On a separate sheet, list each firm partner that performs audits and describe their **industry experience** and **relevant CPE courses** completed in the past 3 years.
3. Does your firm have a written policy on audit-related CPE training, including required courses and CPE hours per year specific to audit services? Yes No
4. Does a second partner review all audit workpapers and the audit report prior to sign-off and release of audit report? Yes No
5. Do your firm's client acceptance procedures pertaining to audit engagements require sign-off by a second partner or committee prior to accepting a new engagement? Yes No

INVESTMENT VENTURE SUPPLEMENT *As referenced in Question 12a., 12b., and 12c.*

	Venture #1	Venture #2
1. Name of investment venture		
2. Venture industry & purpose		
3. Date formed	/ /	/ /
4. Net worth of venture	\$	\$
5. % of ownership held by firm personnel	%	%
6. Do firm clients have ownership in venture?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Did your firm recommend venture to clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Please explain how firm personnel organized, arranged, promoted, solicited or procured participants for investment venture.		
9. Do any firm personnel act as the general partner (or similar capacity) for this venture? If yes, provide person's name and capacity.		
10. What professional services are rendered to venture?		

Are additional sheets attached? Yes No

OUTSIDE INTEREST SUPPLEMENT *As referenced in Question 13.*

For each outside interest client, provide the following information:

1. Client name: _____ Client industry: _____
 2. Type of services rendered by firm: _____ Date services rendered: ___/___/___
 3. Percent of equity interest held by firm personnel and their spouse: _____%
 4. Capacity served by firm personnel or their spouse: _____
 5. Annual fees charged to client: \$ _____
- Are additional sheets attached? Yes No

CLAIM/INCIDENT SUPPLEMENT *As referenced in Question 21c. and 21d.*

If you have reported a claim or potential claim provide a loss run from each carrier to whom you have reported a claim or potential claim in the past 5 years. If no insurance existed at the time of such claim, provide a copy of the suit papers.

Complete all information for each claim or potential claim:

- Full name of claimant or potential claimant: _____ Client Non-client
- Has this claim or potential claim been reported to CNA or another insurance carrier? Yes No
- Has suit been filed? Yes No
- Name of insurance carrier: _____ Date reported to insurance carrier: ___/___/___
- Date firm was notified of claim: ___/___/___ Date of alleged error: ___/___/___
- Names of firm personnel involved in the claim or potential claim: _____
- Claim status: Open Closed

If pending, provide:

- Insurer's loss reserve \$ _____ Insurer's expense reserve \$ _____
- If no reserve exists, provide your last settlement offer \$ _____ and/or the claimant's last demand \$ _____

If closed, provide:

- Date closed ___/___/___ Total claim expenses and settlement paid by insurer \$ _____
- Deductible and other amounts paid by policyholder \$ _____

Description of claim or potential claim: _____

What steps have been taken to prevent similar claims? _____

Are additional sheets attached? Yes No

EMPLOYMENT PRACTICES DEFENSE SUPPLEMENT *As referenced in Optional Coverages, 31.*

Complete only if requesting Employment Practices Defense Coverage.

1. Is your firm or firm affiliates aware of any proposed downsizing, mergers, or acquisitions which may occur within the next two years, or have you had any such activities within the past year? Yes No
2. In the past five years, has the firm had any wrongful termination, discrimination or harassment (sexual or non-sexual) claims or demands (whether insured or not and whether or not any loss has been paid) including any EEOC or similar federal, state or local administrative filings or charges made against the firm, any owned entities, predecessor firm, or any personnel of the aforementioned? (This should include third-party claims made by non-employees). Yes No
3. After inquiry of all owners, partners, and officers of the firm and firm affiliates, are you aware of any facts, incidents, or circumstances which may result in employment-related claims being made against you? Yes No
4. Does your firm have in place:
 - a. written procedures concerning harassment and discrimination distributed to all employees? Yes No
 - b. written procedures for the handling of employee complaints of harassment or discrimination? Yes No
 - c. written procedures regarding hiring, performance evaluation, disciplinary issues, and termination? Yes No
5. Does your firm currently carry employment practices liability insurance? Yes No

If yes, please provide the following:

Name of entity's employment practices liability insurance carrier: _____

Policy limits: _____ Deductible: _____ Prior acts date: _____ / _____ / _____

Are additional sheets attached? Yes No

D&O DEFENSE FOR NOT-FOR-PROFITS SUPPLEMENT *As referenced in Optional Coverages, 32.*

Please provide the following information for each individual and 501(c)(3) Not-For-Profit Entity for which coverage is requested.

1. a. Name of individual firm member: _____
b. Position held by firm member at not-for-profit entity: _____
2. a. Name of not-for-profit entity: _____
b. Entity's activities: _____
c. Entity's revenue for last fiscal year: \$ _____
3. Does the firm provide any professional services to this entity? Yes No
4. After inquiry of all owners, partners and officers of the firm and firm affiliates:
 - a. Within the past 5 years, has your firm or firm affiliates had any claims and/or negotiated settlements concerning D&O related issues? Yes No
 - b. Are you aware of any facts, incidents, or circumstances which may result in a D&O claim being made against you? Yes NoIf yes to a. or b. above, describe completely on a separate sheet.
5. Does the not-for-profit entity currently carry D&O insurance? Yes No

If yes, please provide the following:

Name of entity's D&O insurance carrier: _____

Policy limits: _____ Deductible: _____ Prior acts date: _____ / _____ / _____

Are additional sheets attached? Yes No

