



Philadelphia Indemnity Insurance Company

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004
(610) 617-7900

ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE APPLICATION

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

Please attach a sample of your letterhead to this application.

1. The precise name of the Applicant Firm, which is submitting this Application:

Applicant Firm's Tax ID #: _____ The Applicant Firm is a(n): Individual Partnership
 Professional Association Professional Corporation LLC or LLP Other: _____

2. Is the Applicant Firm engaged in the practice of accountancy? (If you answer "No," please contact your agent before proceeding) YES NO

3. Applicant Firm's principal location:

Address: _____ City _____ State _____
Zip Code _____ Phone _____ E-Mail _____
Web-Site _____

4. Applicant Firm's mailing address (if different than above): Same as Above

Address: _____ City _____ State _____
Zip Code _____ Phone _____

5. When was the Applicant Firm established? ____/____/____ (Month/Day/Year)

6. If Applicant Firm has been established less than six years, please list: not applicable

Name(s) of Predecessor Firm	Date(s) Formed	% Owned by Current Members of Applicant Firm	Did Firm Dissolve, Change Name or Form, or Continue to Exist?	Last Known Professional Liability Insurer	Predecessor Firm's Retroactive Date
	/ /				/ /
	/ /				/ /

- b. any services for an institution in which an Applicant member held an equity or management interest? YES NO
 c. whose deposits are not insured by a government agency such as the FDIC or NCUA? YES NO
 d. which was either in its formative stage, or which has at any point since been insolvent? YES NO
 e. For which they were an officer, director, or general counsel? YES NO

(If any parts of question 12 are answered "yes," please provide a complete description including the name of the institution, and describing the entire relationship between the Applicant Firm and the institution.)

13. How many suits for collection of fees have been filed by the Applicant Firm or Predecessor Firms during the past two (2) years? _____ How many of these suits have been resolved successfully? _____ Dollar amount of fee suits last year? \$ _____ Dollar amount of suits previous year? \$ _____

14. Has the Applicant Firm, or any Predecessor Firm ever conducted SEC services or audits for any Publicly Held Companies? YES NO If "YES", please complete the *Public Company Audit Supplement*.

15. Within the past six years have any of the Applicant Firm's accountants served as a director, an officer, or an employee of any client; or owned an equity interest in any client; or does any client represent more than 25% of Applicant Firm's revenues? YES NO If "yes", please provide the following for each:

Name of Client	Nature of Business	Services Provided	% of Firm's Revenue Derived From Client	% of Equity Interest, \$ value of Interest	Applicant Accountant Holding a Position in this Client	Position in Client Held by Applicant Accountant
				/		
				/		
				/		
				/		

16. Does any member of the Applicant Firm hold any professional license other than for accountancy? If "yes," please complete the following:

Name of Individual	Profession	Annual Income Derived From Profession	Name of carrier for separate professional liability insurance

17. During the past six years, has any insurer of the Applicant Firm, Predecessor Firm or Prior Firm canceled or refused to renew professional liability insurance for any reason other than carrier's withdrawal from the market? YES NO If you answer this question "Yes," please provide details.

18a. After inquiry, are any individuals of the Applicant Firm aware of any professional liability claims made against them, the Applicant Firm or a Predecessor Firm in the past six years, including those which may have been made against them while with a Prior Firm?
 YES NO If "Yes," complete a Claim Supplement Form for each event.

b. After inquiry, are any individuals of the Applicant Firm aware of any actual or alleged act, error, omission, incident or circumstance, which might reasonably result in a claim against them, the Applicant Firm or against any members of a Predecessor Firm in the past six years? YES NO If "Yes," complete a Claim Supplement Form for each event.

Please advise the number of events which are applicable under 18a or 18b: _____

For all events listed in questions 18a and b, a separate Claim Supplement Form must be completed. Additional information may be provided at the option of the Applicant Firm.

7. Does your firm practice from additional offices? YES NO (If "yes," please provide a copy of the letterhead for each satellite office.)

8. Please list here the Applicant Firm's staff breakdown, and revenues:

Number of Full-Time Equivalent CPA's	Number of Full-time Equivalent non-CPA Accounting Professionals	Number of Full-Time Equivalent Support Staff

Most recently ended fiscal year's Revenues	Current fiscal year's projected Revenues
\$	\$

9. Has any member of the Applicant Firm or any Predecessor Firm been subject of a complaint, disciplinary action or reprimand by any state board, the SEC, I.R.S., governmental regulatory or tax authorities, or any accounting society? YES NO (If "Yes", please provide details).

10a. Does Applicant Firm share office space with professionals/firms other than those listed in Question 8? YES NO (If No, skip to question 12)

b. If Applicant Firm shares offices with other professionals, does your firm keep separate files, employ separate support staff and present itself as an independent practice to the public? YES NO

The name of the firm with whom the Applicant Firm shares offices is _____.

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

Area of Practice	%	Engagement Letters Used
Public Company Audit		<input type="checkbox"/> YES <input type="checkbox"/> NO
Other Audit		<input type="checkbox"/> YES <input type="checkbox"/> NO
Other Attest/Assurance Services (Describe the services provided on a separate sheet)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Review		<input type="checkbox"/> YES <input type="checkbox"/> NO
Compilation		<input type="checkbox"/> YES <input type="checkbox"/> NO
Bookkeeping		<input type="checkbox"/> YES <input type="checkbox"/> NO
Individual Tax		<input type="checkbox"/> YES <input type="checkbox"/> NO
Business Tax		<input type="checkbox"/> YES <input type="checkbox"/> NO
Consulting Services (Describe the services provided on a separate sheet)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Estate Tax		<input type="checkbox"/> YES <input type="checkbox"/> NO
Fiduciary Services		<input type="checkbox"/> YES <input type="checkbox"/> NO
Litigation Support		<input type="checkbox"/> YES <input type="checkbox"/> NO

Area of Practice	%	Engagement Letters Used
Securities Activities		<input type="checkbox"/> YES <input type="checkbox"/> NO
Forecasts/Projections		<input type="checkbox"/> YES <input type="checkbox"/> NO
Business Valuations		<input type="checkbox"/> YES <input type="checkbox"/> NO
Business Planning (Describe the services provided on a separate sheet)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Personal Financial Planning and Investment Advisory Services (Describe the services provided on a separate sheet)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Other (Describe the services provided on a separate sheet)		<input type="checkbox"/> YES <input type="checkbox"/> NO

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

a. any regulatory, securities or compliance services? YES NO