



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100  
Bala Cynwyd, PA 19004

Name of Insurance Company to which **Application** is made (herein called the “**Insurer**”)

## MISSOURI 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. Name of the Applicant: \_\_\_\_\_

1a. Applicant Firm's Tax ID Number: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

2. The Applicant Firm is a(n):  Individual  Partnership  Professional Association  
 Professional Corporation  LLC or LLP  Other: \_\_\_\_\_

3. Is the Applicant Firm engaged in the practice of accountancy?  Yes  No  
If no, please contact your agent before proceeding.

4. Applicant Firm's principal location:

Address: \_\_\_\_\_

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

5. Applicant Firm's mailing address:

Address: \_\_\_\_\_

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

6. When was the Applicant Firm established? \_\_\_\_\_ (Month/Day/Year)

7. If the Applicant Firm has been established less than six (6) years, please list:  Not Applicable

A. Name of the Predecessor Firm: \_\_\_\_\_ Date Formed: \_\_/\_\_/\_\_

Percent owned by the current members of the Applicant firm: \_\_\_\_\_%

What is the current status of the Firm :  Dissolved  Changed the firm name  Continues to exist

B. Name of the Predecessor Firm: \_\_\_\_\_ Date Formed: \_\_/\_\_/\_\_

Percent owned by the current members of the Applicant firm: \_\_\_\_\_%

What is the current status of the Firm :  Dissolved  Changed the Firm Name  Continues to exist

**To enter more information, please use the separate page attached to the application**

8. Does your firm practice from additional offices?  Yes  No **If yes, please attach a copy of the letterhead for each satellite office.**

9. Please list the Applicant Firm's staff breakdown:

Number of full time equivalent CPA's: \_\_\_\_\_

Number of full time equivalent non CPA Accounting Professionals: \_\_\_\_\_

Number of full time equivalent support staff: \_\_\_\_\_

9a. Most recently ended fiscal year's revenue: \$ \_\_\_\_\_

Current fiscal year's projected revenue: \$ \_\_\_\_\_

Total number of clients served in the past twelve (12) months: \_\_\_\_\_

10. Has any member of the Applicant Firm or any Predecessor Firm been the 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 use the separate page attached to the application to provide an explanation.**

11. Does the Applicant Firm share office space with professionals/firms other than those listed in question eight(8)?  Yes  No **If no, skip to question 12**

11a. If the Applicant Firm shares an office with other professionals does your firm separate files, employ separate support staff and present itself as an independent practice to the public?  Yes  No

11b. The name of the professionals/firm with whom the Applicant Firm shares an office is:

12. 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 one hundred (100) percent and represent all areas of practice.**

Area of Practice	%	Engagement Letters Used	
		Yes	No
Public Company Audit *		Yes	No
Other Audit *		Yes	No
Other Attest/Assurance Services (Describe the services provided on a separate sheet)		Yes	No
Review		Yes	No
Compilation		Yes	No
Bookkeeping		Yes	No
Individual Tax		Yes	No
Business Tax		Yes	No
Consulting Services (Describe the services provided on a separate sheet)		Yes	No
Estate Tax		Yes	No
Fiduciary Services		Yes	No
Litigation Support		Yes	No
Securities Activities **		Yes	No
Forecasts/Projections		Yes	No
Business Valuations		Yes	No
Business Planning (Describe the services provided on a separate sheet)		Yes	No
Personal Financial Planning and Investment Advisory Services (Describe the services provided on a separate sheet)		Yes	No
Other (Describe the services provided on a separate sheet)		Yes	No

\* **If any percentage is indicated, complete the Audit Engagements Supplement form No. 2**

\*\* **If any percentage is indicated, complete the SEC Information Supplement form No. 3**

13. Have any individuals in the Applicant Firm, or any Predecessor Firm, in the past two (2) years provided these services to any financial institution client:

a. Regulatory, securities, or compliance services?  Yes  No **If yes, complete SEC Information Supplement No. 3**

b. 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 become insolvent?  Yes  No

e. For which they were an officer, director, or general counsel?  Yes  No

**If any part(s) of question 13 are answered yes, complete Financial Institution Supplement form No. 4**

14. 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 for the previous year: \$ \_\_\_\_\_

15. 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 No. 5.**

16. Within the past six (6) years have any of the Applicant Firm's accountants served as a director, officer, or an employee of any client; owned an equity interest in any client; or does any client represent more than twenty-five (25) percent of the 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 the client: ___% Equity interest ___% Dollar Value of Interest\$ _____
Person holding a position for this client: _____ Title: _____

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Nature of business: _____
Services provided: _____
% of Firm's revenue derived from the client: ___% Equity interest ___% Dollar Value of Interest\$ _____
Person holding a position for this client: _____ Title: _____

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17. Does any member of the Applicant Firm hold any professional license other than for accountancy?  
 Yes  No

Name of Individual: \_\_\_\_\_ Profession: \_\_\_\_\_

Annual income derived from profession: \$ \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_

**To enter more information, please use the separate page attached to the application**



**FRAUD NOTICE STATEMENTS**

**NOTICE TO APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**NOTICE**

1. Any claim or incident:
  - a) reported on question 20. or 20a. or
  - b) of which any member of the applicant firm has knowledge prior to policy inception will not be afforded coverage under any policy which may subsequently be issued by and of the Philadelphia Insurance Companies.
  
2. Failure to report to your current insurance company any:
  - a) claim made against you during your current policy term; or
  - b) fact, circumstance or incident of which your accountants are aware, which may give rise to a claim BEFORE policy expiration, may create a lack of coverage.

Name (Please Print/Type)

Title **(MUST BE SIGNED BY A PARTNER OR OFFICER)**

\_\_\_\_\_  
Signature

Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

**Produced By: (Section to be completed by Producer/Broker)**

Producer

Agency

Producer License Number

Agency/Producer Taxpayer ID or SS Number

Address (Street, City, State, Zip)

**ADDITIONAL INFORMATION**

**This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.**

\_\_\_\_\_  
Signature

Date