

ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE  
 GREAT AMERICAN ASSURANCE COMPANY  
**STANDARD APPLICATION**



**NOTICE: This is an application for a "Claims-made" policy. Coverage for prior acts and claims made after termination of this policy may be restricted. Please read the policy carefully.**

**Section 1 – General Information**

Firm Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ (Write separate mailing address in margin, if applicable)

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

E-Mail Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

Date Established: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone# : \_\_\_\_\_ Fax# : \_\_\_\_\_

Entity Type:  CORPORATION/LLC  SOLE PROPRIETORSHIP  PC  PARTNERSHIP/LLP  OTHER

1. List all firm personnel/staff (Part-time is fewer than 20 hours per week):

	CPA's		Non-CPA's	
	Full Time	Part Time	Full Time	Part Time
Owners, Partners & Officers:				
Employed Accounting or Tax Professionals:				
Other Consulting Professionals (not included above):				
Administrative Staff:				
Total:				

2. Has the Firm's staff size changed +/- 25% during the past three years? . . . . .  Yes  No

If Yes, explain: \_\_\_\_\_

3. List all additional entities for which the Applicant is seeking coverage or has assumed liabilities, including Predecessor Firms, firm name changes, merged/acquired entities, or additional business entities.  N/A

*Predecessor Firm means any firm no longer in existence for which the applicant firm obtained the majority of such firm's assets and liabilities.*

Firm Name	Date Established (mm/dd/yy)	Date Dissolved (If applicable) (mm/dd/yy)	Confirm the following: 1. Dissolved 2. Name Change 3. Continue to Exist – (General Supplement Section 5 Required)	Percentage (%) of Assets / Liabilities Applicant Firm Assumed

4. List the largest three (3) branch offices by gross billings:  N/A

City and State:	Billings:

5. Does the applicant firm share Office Space, Letterhead, Support Staff, or Clients with another firm? . . . . .  Yes  No

If Yes, provide the name and sharing relationship: \_\_\_\_\_

Is the entity with whom you share space separately insured for professional liability? . . . . .  Yes  No

6. Based on the Applicant's fiscal year-end data, provide the following gross revenue figures:

Next Fiscal Year (projected)	Current Fiscal Year (estimated)	Last Fiscal Year	Previous Fiscal Year
\$	\$	\$	\$

7. Complete the following grid for your three largest clients as a percentage of gross annual revenue for the past 12 months:

Name	Industry	Services Provided for Client	Percent of your Revenue Derived from Client	Number of Years you have Represented

8. Complete the following grid based on the firm's gross revenue for each category: *The total must equal 100%*

Type of Client	Percentage of Practice	Type of Client	Percentage of Practice
Individuals	%	Small Public Companies (<\$100M revenues)	%
Individuals – High Net Worth (>\$10M assets)	%	Large Public Companies (>\$100M revenues)	%
Small Private Companies (<\$100M revenues)	%	Trusts (>\$5M)	%
Large Private Companies (>\$100M revenues)	%	Other: (please specify): _____	%

**Section 2 – Areas of Practice**

9. a. Does the firm have any professional staff involved in activities as a Registered Representative? . . . . .  Yes  No

b. Is coverage desired for these activities? . . . . .  Yes  No  
**If yes, complete General Supplement Section 1 - Financial Advisory Supplement**

c. Is separate Insurance in force? . . . . .  Yes  No  
**If yes, submit proof of coverage with this application**

10. Other than Life Insurance or non-funded Trusts, has anyone in the firm performed trustee duties on behalf of the firm? . . .  Yes  No  
**If yes, complete General Supplement Section 4 - Trustee Supplement**

11. In the past five years have any members of the firm exercised discretionary control over clients' funds other than as a trustee?.  Yes  No  
**If yes, complete General Supplement Section 9 - Control of Client Funds Supplement**

12. a. Has the firm, predecessors, or affiliates within the past 5 years performed SEC work other than audit work for publicly traded companies? . . . . .  Yes  No

b. Has the firm, predecessors, or affiliates within the past 5 years performed services, or consented to the use of the firm's work product, in connection with public or private offerings of securities, real estate, or other investments? . . . . .  Yes  No

**If yes to a. or b. above, complete General Supplement Section 6 - Securities Supplement**

13. Within the past three years, has the firm provided:  
a. Professional services or received commissions, fees, reciprocity or revenue for referrals in connection with the sale or promotion of any investments or tax shelter, including investment partnerships designated for tax shelters? . . . . .  Yes  No

b. Recommendations as to the sale or purchase of any investments, including specific stocks, bonds or other securities for which the firm received compensation? . . . . .  Yes  No

c. Financial planning, asset management or investment advisory services? . . . . .  Yes  No  
**If yes, is the firm registered with the SEC as an investment advisor? . . . . .  Yes  No**

**If yes to a., b. or c. above, complete General Supplement Section 1 - Financial Advisory Services Supplement  
If the firm is registered with the SEC as an investment advisor, also attach a copy of Form ADV, Part 2.**

14. Within the past five years, has the firm provided Professional Services to Financial Institutions? . . . . .  Yes  No  
**If yes, complete General Supplement Section 7 - Financial Institution Supplement**

15. Complete the following grid with respect to total **audit fees** for the past year from all insured entities:

Client Industry	Estimated No. of Clients	Estimated percentage of total audit fees
Agribusiness – not including Grain Elevators		
Agribusiness – including Grain Elevators		
Automotive/Dealerships		
Banks / Financial Institutions		
Broker Dealers		
Construction		
Defined Benefit Pension Plans		
Employee Benefits Plan		
Entertainment Services		
Government / Local Municipalities		
Government / Federal		
Government / School Districts		
Healthcare		
Insurance		

Client Industry	Estimated No. of Clients	Estimated percentage of total audit fees
Investment Companies & Funds: Hedge Funds and funds of funds		
Investment Companies & Funds: Other		
Manufacturing		
Media		
Mining/Oil & Gas		
Not-for-Profit		
Real Estate		
Retail		
Service Providers		
Transportation		
Unions		
Warehousing/Distribution		
Other (please describe)		

16. Excluding activities as a receiver or trustee in bankruptcy, within the past three (3) years has the Firm rendered any audit, review or attest services for a client that subsequently declared or filed bankruptcy, defaulted on a debt obligation, or become insolvent? . . . . .  Yes  No

**If yes, please complete the following chart, using a separate sheet if necessary:**

Name of Client and Client Industry	Date of bankruptcy, Default or Insolvency	Services Performed & Dates when those services were performed by the Firm	Type of Audit Opinion	Going Concern Reference
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

17. Provide the percentage of gross annual billings for each of the following areas of practice in which the Firm has engaged during the past 12 months. Note the combined total areas of practice must equal 100%. **For each area of practice the Firm engages in that is referenced by an \*, please complete the appropriate portion of the General Supplement available from your broker.** If the Other percentage is greater than 5%, please provide details.

Area of Practice	Current Year	Prior Year
Administrator, executor or ERISA Trustee	%	%
Audit: Non-Public	%	%
Audit: Public**	%	%
Bankruptcy Trustee or Receiver	%	%
Bookkeeping/Write-ups/Payroll Processing	%	%
Business Valuations	%	%
Compilations	%	%
Consulting (Describe) _____	%	%
Data Processing Services	%	%
Debenture Financing/Bonds	%	%
Fiduciary – Non-Trustee*****	%	%
Financial Advisory Services*	%	%
Forecasts and Projections	%	%
Forensic Accounting	%	%
Hardware/Software Consulting	%	%
Hardware/Software Sales	%	%
Limited Partnership and Tax Sheltered Syndication	%	%

Area of Practice	Current Year	Prior Year
Litigation Support	%	%
Management Advisory Services	%	%
Mergers & Acquisitions	%	%
Reviews	%	%
Securities including Federal and State Securities****	%	%
Securities: Other****	%	%
Tax: Business	%	%
Tax: Estate	%	%
Tax: Individual	%	%
Trustee Services***	%	%
Other (Describe) _____	%	%
<b>Or in capacity as:</b>		
Enrolled Agent	%	%
Life Insurance Agent*****	%	%
Registered Representative****	%	%

**General Supplement**

- \* Section 1 Financial Advisory Supplement . . . . . p.1
- \*\* Section 2 Public Audit Supplement . . . . . p.2
- \*\*\* Section 4 Trustee Supplement. . . . . p.3
- \*\*\*\* Section 6 Securities Supplement . . . . . p.4
- \*\*\*\*\* Section 8 Life Insurance Agent Supplement . . . . . p.5
- \*\*\*\*\* Section 9 Control of Funds Supplement . . . . . p.6

**Section 3 – Risk Management:**

18. Do you use the following client communication letters for all of the firm's clients:
- a. Engagement letters for all services (new and existing clients), outlining scope of representation, fees and billing procedures  Yes  No
  - b. Declination or non-engagement letters for new matters that will not be undertaken. . . . .  Yes  No
19. Do you have a procedure in place requiring second qualified professional reviews of all Audit and Attest Services? .  N/A  Yes  No
20. If you are a sole practitioner providing audit services, have you made arrangements for another CPA to perform a cold review for those services? . . . . .  N/A  Yes  No
21. How many of the firm's current professionals have attended an AICPA Professional Liability Insurance Program Risk Management Seminar within the past 3 years? \_\_\_\_\_
22. In the past five years has any professional in the firm rendered Professional Services for any client in which any insured or spouse owned an equity interest of more than 10%, or served as a Director, Officer, Partner or Employee of a client? . . . . .  Yes  No  
**If yes, please complete General Supplement Section 3 - Outside Interest Supplement.**
23. How does the firm maintain its conflict of interest avoidance system? (Please check all applicable categories)  
 Computer  Index File  Conflict Committee  Oral/Memory  Other

24. If a conflict or potential conflict exists does the firm require written disclosure to all parties? . . . . .  Yes  No
25. Do you maintain a computerized calendar control system to ensure timely completion of reports, filings and tax returns? . . . . .  Yes  No
26. Has the firm undergone a peer or quality review?  Yes  No Date of Review: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- "Pass" result? . . . . .  Yes  No
- For pass with deficiencies, or fail result, attach a copy of the report and details of corrective action.**

27. In the past three years, how many times has the firm sued in order to collect unpaid client fees? \_\_\_\_\_

**If any fee suits, please complete table below, using a separate sheet if more space is needed.**

	Client No. 1	Client No. 2	Client No. 3
Name of Client:			
Professional Services:			
Date Suit Filed:			
Amount of Dispute:			
Has the SOL Run?			
Status:			
Date Suit Closed:			
Outcome:			

28. Are all client invoices maintained current within 90 days? (if no, explain below, and enter % over 90 days: \_\_\_\_\_) . . . . .  Yes  No

**Section 4 –Coverage History:**

29. Please provide the following information about the Firm's professional liability insurance for the previous five years:

Insurance Company	Policy Period	Limits/Deductibles	Premium	Retroactive Date

30. **Notice to Missouri Residents: This question does not apply.** During the past five years, has any insurance carrier canceled or refused to renew the professional liability insurance policy covering the Firm or any of the Firm's owners, members or employees (regardless of what Firm he or she owned or was employed by at the time) for any reason other than the carrier's withdrawal from the market . . . . .  Yes  No

**If yes, please provide details, including the name of the carrier, the dates and the reason for this action.**

31. Has the firm ever purchased an Extended Reporting Period? . . . . .  Yes  No

**If yes, please provide details.**

**Section 5 – Claim History:**

32. In the past five years, has any member or employee of the firm been the subject of a state board complaint, grievance or disciplinary action? . . . . .  Yes  No

**For each matter, complete a Claim/Complaint/Disciplinary Supplement.**

33. In the past five years has any claim or notice of any claim or incident been made or suit brought against the Applicant firm, its predecessor(s) in business, or any of its present or former owners, partners, officers or employees? . . . . .  Yes  No

**For each matter, complete a Claim/Complaint/Disciplinary Supplement.**

34. Is the Applicant, after inquiry of their members, owners, officers and employees, currently aware of any incident, act or omission or fee dispute which has not already been mentioned in questions 32. or 33. above that may result in a claim or disciplinary action being brought against the Firm, its predecessor(s) in business, or any of its present or former owners, partners, officers or employees? . . . . .  Yes  No

**For each matter, complete a Claim/Complaint/Disciplinary Supplement.**

**It is recommended that you report any incidents, acts or omissions to your current insurance carrier. Please note that any incident or omission about which you are currently aware, will not be covered by a subsequently issued claims made policy.**

**Limits Requested:**

- \$250,000/\$250,000
- \$500,000/\$500,000
- \$500,000/\$1,000,000
- \$1,000,000/\$1,000,000
- \$1,000,000/\$2,000,000
- \$2,000,000/\$2,000,000
- \$2,000,000/\$4,000,000
- \$3,000,000/\$3,000,000
- \$4,000,000/\$4,000,000
- \$5,000,000/\$5,000,000
- OTHER \_\_\_\_\_

**Deductible Requested:**

- \$1,000
- \$2,500
- \$5,000
- \$10,000
- \$15,000
- \$25,000
- \$50,000
- \$100,000
- OTHER \_\_\_\_\_

**FRAUD WARNING:** 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 subjects such person to criminal and civil penalties.

**ARKANSAS, LOUISIANA AND WEST VIRGINIA FRAUD WARNING:** 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 fines and confinement in prison.

**COLORADO FRAUD WARNING:** 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 benefits, and/or civil damages. In Colorado, 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.

**D.C. FRAUD 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.

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

**KANSAS FRAUD WARNING:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

**KENTUCKY FRAUD WARNING:** Any person who knowingly and with 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.

**MAINE FRAUD WARNING:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**MARYLAND FRAUD WARNING:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MINNESOTA FRAUD WARNING:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NEW JERSEY FRAUD WARNING:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO FRAUD WARNING:** 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.

**NEW YORK FRAUD WARNING:** 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 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.

**OHIO FRAUD WARNING:** Any person who, with the 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.

**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.

**OREGON FRAUD WARNING:** Any person who knowingly and with 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 may be guilty of a fraudulent insurance act, which may subject such person to prosecution for insurance fraud.

**PENNSYLVANIA FRAUD WARNING:** 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 subjects such person to criminal and civil penalties.

**TENNESSEE FRAUD WARNING:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**VIRGINIA AND WASHINGTON FRAUD WARNING:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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

NOTICE TO APPLICANT – PLEASE READ CAREFULLY BEFORE SIGNING

**THE APPLICANT AND FIRM ACCEPTS NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A “CLAIMS-MADE” BASIS.** The undersigned is authorized by and acting on behalf of the Applicant and represents that all statements and particulars herein are true, complete and accurate and that there has been no suppression or misstatements of fact and agrees that this application shall be the basis of coverage.


**THE APPLICANT AND FIRM ACCEPTS NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE. THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, PRINCIPAL, OFFICER, OR MEMBER OF THE APPLICANT.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

 **INCOMPLETE, UNSIGNED OR UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION. THE FOLLOWING MUST BE ATTACHED TO YOUR APPLICATION IN ORDER TO PROCEED:**

- 1) **LETTERHEAD (ALL APPLICANTS)**
- 2) **EXPIRING DEC PAGE WITH PROOF OF RETRO COVERAGE (NEW BUSINESS ONLY)**
- 3) **ANY SUPPLEMENTAL APPLICATIONS OR DOCUMENTATION REQUIRED WITHIN THE APPLICATION**

BROKER NAME:	
AGENCY NAME:	
TAXPAYER ID NO.:	PRODUCER LICENSE NO. AND STATE:
PRODUCER'S ADDRESS (No., Street, City, State, and Zip:)	

Herbert H. Landy Insurance Agency, Inc.  
75 Second Avenue, Suite 410  
Needham, Mass 02494  
Phone: 800-336-5422 • Fax: 800-344-5422 • Web: www.landy.com



**GREAT AMERICAN ASSURANCE COMPANY**  
**ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE**  
**GENERAL SUPPLEMENT**



**INSTRUCTIONS: Complete only the section(s) of this supplement triggered by your responses in the main application, then SIGN and DATE the Supplement on page 6.**

Section 1 Financial Advisory Supplement . . . . p.1  
 Section 2 Public Audit Supplement . . . . . p.2  
 Section 3 Outside Interest Supplement . . . . . p.2  
 Section 4 Trustee Supplement . . . . . p.3  
 Section 5 Separate Entity Supplement . . . . . p.3  
 Section 6 Securities Supplement . . . . . p.4  
 Section 7 Financial Institutions Supplement . . . . p.5  
 Section 8 Life Insurance Agent Supplement . . . . p.5  
 Section 9 Discretionary Control of Client Funds . . . p.6

**SECTION 1 – FINANCIAL ADVISORY SUPPLEMENT**

1. Has the Applicant formed a separate business entity to provide Financial Advisory Services?  YES  NO  
 If "Yes", describe \_\_\_\_\_

2. Does the Applicant have a contractual relationship with a securities broker or dealer?  YES  NO  
 If "Yes", complete the following table.

Individual (s)	CRD Number	Separate Professional Liability Insurance?	Limits and Deductible
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

3. Is the Applicant registered as an investment advisor?  YES  NO  
 Please specify: \_\_\_\_\_

4. Services include:

Nature of Services	Yes or No	Remuneration
Preparing Financial Plan	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> COMMISSION <input type="checkbox"/> FEE <input type="checkbox"/> REFERRAL FEE <input type="checkbox"/> OTHER
Discretionary Asset Management	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> COMMISSION <input type="checkbox"/> FEE <input type="checkbox"/> REFERRAL FEE <input type="checkbox"/> OTHER
Non-Discretionary Asset Management	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> COMMISSION <input type="checkbox"/> FEE <input type="checkbox"/> REFERRAL FEE <input type="checkbox"/> OTHER
Recommendation of individual mutual funds	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> COMMISSION <input type="checkbox"/> FEE <input type="checkbox"/> REFERRAL FEE <input type="checkbox"/> OTHER
Recommendation of individual stocks, bonds and other investments	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> COMMISSION <input type="checkbox"/> FEE <input type="checkbox"/> REFERRAL FEE <input type="checkbox"/> OTHER
Place insurance coverage or annuities	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> COMMISSION <input type="checkbox"/> FEE <input type="checkbox"/> REFERRAL FEE <input type="checkbox"/> OTHER
Discretionary Authority to invest client funds	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> COMMISSION <input type="checkbox"/> FEE <input type="checkbox"/> REFERRAL FEE <input type="checkbox"/> OTHER

5. Within the last 5 years has the Applicant invested client funds or recommended investments to any client (such recommendation being acted upon) in specific offerings in the following product areas:

Non-registered securities	<input type="checkbox"/> YES <input type="checkbox"/> NO	Foreign Securities	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hedge funds	<input type="checkbox"/> YES <input type="checkbox"/> NO	Tax Shelters	<input type="checkbox"/> YES <input type="checkbox"/> NO
Derivatives	<input type="checkbox"/> YES <input type="checkbox"/> NO	Annuities	<input type="checkbox"/> YES <input type="checkbox"/> NO
Real Estate Investment Trusts	<input type="checkbox"/> YES <input type="checkbox"/> NO	Private Placements	<input type="checkbox"/> YES <input type="checkbox"/> NO
Options and Futures	<input type="checkbox"/> YES <input type="checkbox"/> NO	Limited Partnerships	<input type="checkbox"/> YES <input type="checkbox"/> NO
Viatical Agreements	<input type="checkbox"/> YES <input type="checkbox"/> NO	Life/Health/Disability Insurance	<input type="checkbox"/> YES <input type="checkbox"/> NO

6. For Asset Management Services please complete the following table:

	Current Year	Last Year
<b>Non-Discretionary Asset Management – Total Funds</b>	<b>\$</b>	<b>\$</b>
Number of Clients		
<b>Discretionary Asset Management – Total Funds</b>	<b>\$</b>	<b>\$</b>
Number of Clients		

7. Does the Applicant require a signed engagement letter or contract updated annually describing the client's investment goals, risk tolerance and services that will be provided?  YES  NO

**SECTION 2 – PUBLIC AUDIT SUPPLEMENT**

1. For public **AUDIT** engagements performed within the past 5 years complete the following, using a separate sheet if necessary:

	Client Name and Stock Symbol	Primary Industry	# of months as a Client	Written Opinion	Going Concern reference?	Any restated financials been issued?
1					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
4					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
5					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

2. In the past 3 years, have any of your public audit clients been the subject of any regulatory inquiry or investigation regarding financial statement reporting or disclosure matters?  YES  NO  
*(If yes, please identify the client and describe the nature of the inquiry or investigation)*

3. For public audit engagements which were new to the firm during the past twelve months, were there client disagreements with the predecessor auditor in the year prior to the change in auditors which were disclosed in SEC filings?  YES  NO  
*(If yes, please identify the client and describe the nature of the disagreement)*

4. Please list the firm's partners or principals responsible for supervising public audit engagements:

Name	Number of Years of Auditing Public clients	Number of Hours SEC CPE in the past 12 months	Public Audit-Billable Hours on the most recent 12 months

5. Does the Applicant have current membership in the AICPA's SEC Practice Section for Public Company Audit firms?  YES  NO

6. Does the firm use written guidelines for acceptance and continuance of public audit engagements?  YES  NO  
*If yes, does the firm review and document its adherence to these guidelines for each client at least annually?*  YES  NO

**SECTION 3 – OUTSIDE INTERESTS SUPPLEMENT**

Complete supplement for each entity in which a firm member or spouse holds (or has held within the past five (5) years) an equity interest and/or serves as a director or officer and for whom the firm provided (provides) professional services. Do not include interest in publicly traded companies unless the company is a client of the firm or you serve as an Officer and/or Director. Please copy supplement as needed.

Individual(s) Name	Entity's Name City/State	Nature of Clients Business	Profit or Non-Profit	Date of Affiliation	% of Firm Billings	% of Equity Interest	Position(s) Held	Is separate D&O insurance in place? <input type="checkbox"/> Yes <input type="checkbox"/> No Limit: \$ _____	Services Rendered
								<input type="checkbox"/> Yes <input type="checkbox"/> No Limit: \$ _____	
								<input type="checkbox"/> Yes <input type="checkbox"/> No Limit: \$ _____	

1. Does the firm prohibit individuals who serve as a Director or Officer of a client, or possess financial interest in a client, from providing professional services to the client? . . . .  Yes  No

2. Are any claims pending against any individual in their capacity as a Director or Officer? . . . .  Yes  No  
 If "Yes", please provide complete details:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**SECTION 4 – TRUSTEE SUPPLEMENT**

1. Complete the following table for any funded trusts and estates with asset values of \$500,000 or more:

Estate/Trust Name	Type*	Trustee Name	Asset Value \$	CPA Firm Services Provided	Discretionary Investment Advice
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<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; C – Charitable Trust; F – Foundations; R – Real Estate

2. Please provide the following information for each Estate/Trust or group of related estates/trusts with total asset value of \$2,000,000 or more:

- a. Are reports made to all beneficiaries at least quarterly? . . . . .  YES  NO
- b. Is there an independent annual audit performed? . . . . .  YES  NO
- c. Are any trustee duties delegated to others? . . . . .  YES  NO
- d. Provide the name of the Professional Money Manager or Investment Advisor used to manage investments, if applicable: \_\_\_\_\_

3. Complete for each firm member serving as executor or trustee:

Individual(s) Name	Numbers of years experience acting in the capacity as an Executor/Trustee	Number of hours CPE completed related to these services in the last three years

4. Does the Applicant have a policy that requires any accounting services (bookkeeping, tax, etc) performed under the name of the firm be either performed or reviewed by a firm member other than the executor, trustee or receiver?  YES  NO

Are engagement letters required for such services?  YES  NO

5. With respect to client’s funds over which the firm has fiduciary control does the firm:

- a. Require dual signature when funds are disbursed from the account?  YES  NO
- b. Require all client bank accounts to be reconciled by someone other than the firm personnel authorized to deposit or withdraw from the client’s account?  YES  NO

**SECTION 5 – SEPARATE ENTITY SUPPLEMENT (COMPLETE A SEPARATE SUPPLEMENT FOR EACH APPLICABLE ENTITY)**

1. Full legal name, address, and form of entity (subsidiary, joint venture, LLP etc.)

\_\_\_\_\_

2. Date established: \_\_\_/\_\_\_/\_\_\_ Total professional staff: \_\_\_\_\_ Total support staff: \_\_\_\_\_

3. Percent of ownership held by the applicant firm and all firm personnel: \_\_\_\_\_

4. Describe professional services or business activities conducted by this entity:

\_\_\_\_\_

5. Gross Annual Revenue:

Next Fiscal Year (projected)	Current Fiscal Year (estimated)	Last Fiscal Year	Previous Fiscal Year
\$	\$	\$	\$

Are the staff and revenue numbers referenced above included in questions 1 and 7 of the application?  YES  NO

**SECTION 6 – SECURITIES SUPPLEMENT**

Please complete only if your firm provides services that fall under the 1933 or 1934 Securities Acts.

1. Complete the following table for each of the firm’s SEC practitioners’ experience:

Individual (s)	Number of Years of SEC Experience	Number of Hours SEC CPE in the past 12 months	Securities-Billable Hours on the most recent 12 months

- 2. Is the firm a member of the AICPA’s Center for Public Company Audit firms?  Yes  No
- 3. Does the firm have a written procedure for new client identification intended to assure no conflict of interest with respect to the securities matters to be undertaken by the firm?  Yes  No
- 4. Is there a written policy requiring annual reviews of existing clients for potential conflicts?  Yes  No
- 5. a. Do your written procedures for evaluating SEC-regulated clients include an analysis of the client’s financial strength, management experience and reputation, industry segment and its history of opinion shopping or changing lawyers and accountants?  Yes  No  
 b. Do these procedures include background checks on senior management?  Yes  No
- 6. Is there a written policy requiring at least one CPA who is not working on the transaction in question to review and approve all written materials to be furnished in the transaction?  Yes  No
- 7. Is there a written policy governing trading and investing in client securities by firm members?  Yes  No
- 8. Is there a written policy prohibiting any firm member who is a director, officer or general partner of a securities client or limited partnership from working on a securities transaction for such client?  Yes  No
- 9. Is there a written policy prohibiting any contingency payment arrangement or any arrangements where a securities client pays for the applicant’s services with client securities?  Yes  No
- 10. Is there a written procedure that is intended to prevent the improper use of material inside information by firm members?  Yes  No
- 11. During the past five (5) years has the firm been the subject of any investigations by the SEC or been terminated by a securities client or had a dispute with a client necessitating disclosure to securities regulators?  Yes  No

*If yes, complete the following table:*

Client Name	Date of Withdrawal	Description of Withdrawal or Dispute

12. For each private or public offering within the past three (3) years please complete the following table:

Client Name	Industry	Dates and Services Provided	Type of Offering*	Size of Offering	Fees

**PR** –Private Placement    **PUI** – Public Initial Placement    **PU** – Public Secondary Placement    **F** - Financing  
**B** – Bond (Private)                      **SY** – Syndication                      **M** – Municipal

**SECTION 7 – FINANCIAL INSTITUTION SUPPLEMENT**

1. List all financial institution clients over the past 5 years, using a separate addendum if necessary:

Financial Institution Name and City, State	Services Provided by the Firm	Director or Officer? Y/N	Total Equity Ownership in Client	Dates of Service

2. Have any financial institution clients ceased operations, become insolvent, or become controlled or operated by the FDIC, FSLIC, OCC, OTS or other government agency?  YES  NO

If "Yes", provide complete details:

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3. Has the FDIC, FSLIC, OCC, OTS or any other government agency filed any lawsuits or is any litigation (including shareholder derivative action) pending against any director or officer of the Financial institutions listed in Question 1 above?  YES  NO

If "Yes", provide complete details:

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4. Has the firm, or any member or employee of the firm (regardless of what firm he or she was practicing with at the time):

- a. Had loan commitments with any of the above financial institutions?  YES  NO
- b. Participated in the preparation of any financial institution's response to regulatory examination reports?  YES  NO
- c. Participated or assisted in the rendering of advice on regulatory issues?  YES  NO

5. Is each audit engagement subject to independent review by someone with financial institution experience who did not participate in the engagement?  YES  NO

6. Complete the following table with respect to the firm's financial institution practitioners' expertise:

Individual(s)	Number of Years of Financial Institution Experience	Number of Hours Financial Institution CPE in the past 12 months	Financial Institutions-Billable Hours on the most recent 12 months

**SECTION 8 – LIFE INSURANCE AGENT SUPPLEMENT**

1. List all individuals acting as licensed insurance agents/brokers, using a separate sheet if necessary:

Name	Annual Commissions	Years Licensed	Primary Type of Coverage Placements	Separately Insured	Coverage Desired for These Activities?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

2. With regard to the insurance-related professional services above, is anyone to whom this insurance will apply aware of any professional liability claim, or any act, omission or personal injury which might reasonably be expected to be the basis of a claim made against them within the past 5 years?  YES  NO

**For each matter, complete a Claim/Complaint/Disciplinary Supplement.**

**SECTION 9 – CONTROL OF CLIENT FUNDS SUPPLEMENT**

1. Complete the following chart for all client funds under the Applicant firm's discretionary control (use a separate sheet if necessary):

Name of Client(s)	Client's Business or Profession	Date Services Commenced	Total Client Assets Controlled by Firm	Specific Duties Performed by Firm

2. Could any of the firm's clients be considered high profile? . . . . .  Yes  No

3. Do you have discretionary authority to select individual securities or other investments on behalf of any clients? . . .  Yes  No

4. Do you utilize the services of an investment advisor or professional money manager? . . . . .  Yes  No

*If "Yes" to any of Questions 2-4 above, explain* \_\_\_\_\_

5. Do you have a procedure requiring dual signatures on all checks and client fund disbursements? . . . . .  Yes  No

6. Are all bank reconciliations performed by someone other than the individual who controls the account? . . . . .  Yes  No

7. Is compensation for these services limited solely to hourly fees? . . . . .  Yes  No

*If "No" to any of Questions 5-7 above, explain* \_\_\_\_\_

**FRAUD WARNING:** 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 subjects such person to criminal and civil penalties.

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

**MAINE FRAUD WARNING:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

I understand that the information submitted in this supplement becomes a part of my Accountants Professional Liability application and is subject to the same representations and conditions.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INCOMPLETE, UNSIGNED OR UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION**

**Florida, Iowa and New Hampshire Agents Only**, please provide the following: License # \_\_\_\_\_

Agent or producer name \_\_\_\_\_ Signature: \_\_\_\_\_

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