



Philadelphia Indemnity Insurance Company

One Bala Plaza, Suite 100
Bala Cynwyd, PA 20004
(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
	/ /				/ /
	/ /				/ /

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 11)

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

* If any percentage is indicated, please complete *Audit Engagements Supplement #2*.

** If any percentage is indicated, please complete *SEC Information Supplement #3*.

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 (If "YES" complete SEC Information Supplement #3)

- 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 (If any parts of question 5 are answered "yes," please complete *Supplement # 4 Financial Institution Supplement*.)

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.

18. In the past three years, has the Applicant Firm undergone any peer or quality review sponsored by the AICPA or any state society of CPA's? YES NO
If "Yes", the results of the review were: Unqualified Qualified, Modified or Adverse

19a. 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 19a or 19b: _____
 For all events listed in questions 19a and b, a separate Claim Supplement Form must be completed. Additional information may be provided at the option of the Applicant Firm.

Claim Supplement

(only to be completed if 19a or b is answered "yes.")

1. Please identify the name of the claimant or party who has alleged or who may allege that an error or omission has occurred? _____

2. Please provide the date and describe the circumstances, which caused you to become associated with the party identified in the above question:

3. Check all which have occurred: The Applicant Firm has become aware of an error/omission
 An error/omission has been alleged A suit has been brought against the Applicant Firm

4. Date and location of alleged error/omission: _____

5. If applicable, date which claim was made against the Applicant Firm: _____

6. Date on which any member of Applicant Firm first became aware of the actual or alleged claim or error, omission, incident or circumstance?

7. Has this matter been reported to an insurance company? YES NO If "Yes" attach copies of the written notice to the insurer and its acknowledgement of coverage.

8. Is this an open or closed matter? Open Closed If Open: provide Indemnity Reserves \$_____, Expense Reserves \$_____, Expenses Paid to Date \$_____, If Closed: provide Indemnity Paid \$_____, Expense Paid \$_____.

9. Did this matter arise subsequently to the Applicant Firm's having filed suit for the collection of its unpaid fees? YES NO

10. Please describe any corrective actions which the Applicant Firm has undertaken:

20a. Please provide the following information for the Applicant Firm/Predecessor Firm's most recent professional liability policy (new applicants only):

Effective Date	Expiration Date	Insurer	Per Claim Limit	Aggregate Limit	Deductible	Premium
/ /	/ /					

b. Does the Applicant Firm's policy currently have a retroactive date restriction?

YES NO

If so, what is the date? ____/____/____

c. Please note that coverage will be offered only at the company's election. Coverage terms offered also are subject to determination by the insurer. Please indicate the limit and deductible for which you wish to receive a quotation:

Limits

- | | | |
|--|--|--|
| <input type="checkbox"/> \$100,000/\$300,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000 | <input type="checkbox"/> \$3,000,000/\$3,000,000 |
| <input type="checkbox"/> \$250,000/\$500,000 | <input type="checkbox"/> \$1,000,000/\$2,000,000 | <input type="checkbox"/> \$4,000,000/\$4,000,000 |
| <input type="checkbox"/> \$500,000/\$500,000 | <input type="checkbox"/> \$2,000,000/\$4,000,000 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> \$500,000/\$1,000,000 | | |

Deductibles

- | | | |
|----------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$20,000 |
| <input type="checkbox"/> \$2,000 | <input type="checkbox"/> \$7,500 | <input type="checkbox"/> \$25,000 |
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> \$3,000 | <input type="checkbox"/> \$15,000 | |

REPRESENTATIONS: I/We affirm that the information contained here and in any addendum is true to the best of my/our knowledge and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to the Company or its representatives.

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 TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH 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.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

Signature of Applicant:

Must be Partner or Officer* _____

Title _____ DATE _____

NOTICE

1. Any claim or incident:
 - a) reported on question 19a, or 19b; 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 event of which your accountants are aware, which may give rise to a claim BEFORE policy expiration, may create a lack of coverage.