

National CPA Risk Purchasing Group, Inc.



KEYSTROKESM
UNDERWRITERS
Division of Specialty Program Group, LLC

Previously

Betty Harder and Associates Inc.

Toll Free: 800-966-1414

Direct: 706-216-6698

Fax: 706-216-0191

Email: NCPARPG@Keystrokeins.com

APPLICATION FOR ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE

The Applicant is applying for CLAIMS-MADE Professional Liability Policy which, if issued, applies only to CLAIMS FIRST MADE AND REPORTED DURING THE POLICY PERIOD. The LIMIT OF LIABILITY available to pay DAMAGES will be reduced and may be exhausted by the payment of COSTS, CHARGES AND CLAIM EXPENSES.

NOTICE: In applying for coverage, the applicant agrees that covered losses will be defended by the Company's appointed lawyers. The limit of liability is per claim and aggregate. The deductible is each and every claim including costs, charges and claims expenses. If the applicant elects to handle a claim without in any way involving the Company, then no coverage for such claim is afforded the applicant under the policy.

Applicant Instructions:

1. Please type or print clearly in ink. Return original or copy via email or fax.
2. All questions must be answered. **If the answer is NONE, please state NONE.** If space is insufficient to answer a question fully, attach a separate sheet.
3. Application must be signed and dated by named applicant, partner or officer.
4. The applicant understands that if a policy is issued the policy shall become void if the applicant has concealed or misrepresented any material fact or circumstance concerning this application.

1. APPLICANT INFORMATION:

Name of Applicant: _____

d.b.a. _____

Main Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Name: _____

Website: _____ Email Address: _____

2. Do you have additional Locations or Subsidiaries? Yes No If YES, Attach a list of physical addresses. If the Applicant uses any other official or unofficial names, please attach a list for coverage.
3. The Applicant is: Individual Partnership Corporation or Other: _____
4. When was the firm established? _____
5. During the past 5 years has the name of the firm been changed or has the firm merged with or acquired control of any other firm Yes No

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6. List the following information for Owners, Officers, Principals and Partners

Name	Years in Practice	Professional Associations

7. List the Total Number of:

Position/ Professional	Number of Employees/Professionals
<i>Principals, Partners, or Officers</i>	
<i>Other CPAs, Public Accountants and Accountants</i>	
<i>Per Diem, Contract and Part Time Personnel</i>	
<i>Bookkeepers and All other Personnel</i>	
Total Staff including Principals, Partners and Officers	

8. Revenue Information:

Applicant's Total Gross Billing Last Fiscal year	\$
<i>Applicant's Estimated Gross Billings Next Fiscal Year</i>	\$

9. Gross Billings Received from largest clients:

Client Name	Billings / Revenues	% of Business	Nature of Services/Business
	\$	%	
	\$	%	

10. State the Percentage of Gross Billings Derived from Each of the Following Types of Engagements:

- a. *Audit Engagements* Equity to Assets
 - Financial Institutions: Type* _____ *Ratio of Banks & S & L* %
 - Governmental*..... %
 - All other:* %
 - b. *Preparation of Review Statements*..... %
 - c. *Bookkeeping, Compilation and Write-Up Services*..... %
 - d. *Tax Work* %
 - e. *Investment Advice including Tax Shelter Advice* %
 - f. *Acquisition Evaluation and Projections* %
 - g. *Financial Planning* %
 - h. *Fiduciary*..... %
 - Administrator, Executor or ERISA Trustee*..... %
 - Bankruptcy Trustee or Receiver*..... %
 - Other Trustees*..... %
 - Receiving or Disbursing Clients Funds*..... %
 - i. *Management Advisory Services* %
 - j. *Electronic Data Processing and Consultation* %
 - k. *S.E.C. or "Blue Sky" Securities Activity*..... %
 - l. *Other*..... %
 - m. *Do you perform any services for any company regulated by the S.E.C. or regulated by "Blue Sky" laws?* Yes or No _____ %
- If Yes give name of firm(s) and work you perform on separate sheet.** **TOTAL: 100%**

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11. Has the Applicant or its predecessor in business carried accountants professional liability insured during the past 5 years?
 Yes No *Unless purchased through NCPARPG, please list policy information below:*

Insurance Company	Policy Period (Month/Year-Year)	Limits of Liability	Deductible	Premium

Current Policy Expires on _____ Prior Acts Date on current policy (Mo/Day/Yr) _____

12. Have any of those listed in question 7 ever been the subject of disciplinary proceedings or reprimand by any court, administrative agency or professional association as a result of their professional activities? Yes No

IF "YES" give full particulars on a separate sheet.

13. Have any claims been made during the past 10 years against the Firm, its past or present Owners, Partners, Officers or employees, or its predecessors in business? Yes No

IF "YES" give full details on a separate sheet.

14. Is the firm aware of any circumstances / allegations as to an incident which may give rise to a claim against the Firm or any of its past/d present Owners, Partners, Officers, Employees or predecessors in business? Yes No

IF "YES" give full details on a separate sheet.

15. Has any application for similar insurance on behalf of the Firm, or any of its Owners, Partners or Officers, or to the knowledge of the Named Firm, on behalf of its predecessors in business, ever been cancelled, declined for coverage or refused renewal options? Yes No

IF "YES" give full details on a separate sheet.

16. Does Applicant / Firm or any member of the Applicant's staff:

- a. Organize or arrange tax shelters, real estate investments or other investment ventures? Yes No
- b. Receive any commission, finders fees, reciprocity or participation from sellers or promoters of an investment? Yes No
- c. Participate in the management of any investment partnership, limited partnership, tax shelter or other investment venture? Yes No
- d. Act as manager or general partner of any investment syndicate or limited partnership? Yes No
- e. Maintain a system to insure timely completion of engagements, reports and returns? Yes No
- f. Perform services for any clients that are professional entertainers or in the professional sports business? Yes No

IF "YES" list on a separate sheet the details.

- g. Perform services for any client in which any member of the Applicant and his/her relatives owns an equity or financial interest or services as an officer, director, trustee or partners? Yes No

IF "YES" list on a separate sheet the details.

- h. Wholly or partly own, operate or manage any other Firm, Organization or Corporation for which it renders professional services? **IF "YES" list on a separate sheet the details.** Yes No

- i. Invest any client's funds or have discretionary control of any client's funds? Yes No

IF "YES" list on a separate sheet the details.

- j. On All engagements:

- 1. Does Applicant require engagement letter stipulating nature and scope of work to be performed? Yes No
- 2. Is the engagement letter updated annually or as engagement changes? Yes No

- k. Is the Applicant or any member of Applicant's firm a:

- 1. Lawyer Yes No
- 2. Real Estate Agent/Broker Yes No
- 3. Securities Broker/Dealer Yes No
- 4. Insurance Agent/Broker Yes No
- 5. Registered Investment Advisor Yes No
- 6. Registered Representative Yes No

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17. Was the firm's most recent Quality or Peer Review (Check one): Unqualified Qualified Adverse

ENCLOSE A COPY OF LATEST QUALITY OR PEER REVIEW OPINION PAGE.

18. Please choose from the following options for your coverage (Check the box):

<input checked="" type="checkbox"/>	Limit of Liability	<input checked="" type="checkbox"/>	Deductible	<input checked="" type="checkbox"/>	Claims Expense
	\$250,000		\$2,500		paid inside the limit
	\$500,000		\$5,000		Paid in addition to the Limit
	\$1,000,000		\$10,000		
			Other:		

WARRANTY

Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Underwriters 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 Underwriters 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 Underwriters will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Underwriters in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof;
2. This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and
3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage.
4. The policy applied for provides coverage on a claims-made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Underwriters during the policy period. Cost, charges and claims expenses are within and reduce the limit of liability.

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

APPLICANT'S SIGNATURE: _____

NAME (PRINTED): _____

TITLE: _____

DATE: _____

This application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by an authorized representative.

*Signing of this form does not bind the applicant or the Underwriting Managers to complete this insurance.