

# Professional Liability: Accountants Supplement

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**KEYSTROKE**<sup>SM</sup>  
UNDERWRITERS  
Division of Specialty Program Group, LLC

The Applicant is applying for a 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 reduce and may be exhausted by the payment of CLAIM EXPENSES.

Applicant means all disclosed corporations, organizations or other entities, including subsidiaries, proposed for this coverage. Please complete all questions with an answer, if question is not applicable then answer with N/A.

1. **Applicant Name:** \_\_\_\_\_
2. **How many Certified Public Accountants does the applicant have on Staff?** \_\_\_\_\_
3. **Have you provided professional services, including audits, to a publicly traded client in connection with the registration, sale, or offering of securities, or in connection with the offer and sale of private placement bonds?** No Yes
4. **Does the applicant handle client funds?** No Yes
5. **Is investment advice and or tax shelter advice provided?** No Yes, If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_
6. **Does the applicant provide services to entertainers or professional athletes?** No Yes
7. **Does the Applicant have a written policy on Continuing Professional Education (CPE training, including required courses and CPE hours per year)?** No Yes
8. **Please describe the safeguards in place to ensure proper handling of client funds, including internal procedures used to prevent misappropriation and the nature of reports made to the client:**  
\_\_\_\_\_  
\_\_\_\_\_
9. **Are there any professional services previously provided which were discontinued in the last 5 years?**  
No Yes If "YES", please identify  
\_\_\_\_\_  
\_\_\_\_\_
10. **Have you or any member of your firm ever had their accounting license suspended or revoked or been subject to any investigation by any board of accounting, AICPA, SEC, State CPA Society or any other governmental agency, or court, or been subject to any reprimand, criminal penalty or fine, including a tax preparer's fine, or been convicted of any felony charge, or are they currently under indictment?"** No Yes If "YES", please describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. Please provide percentage and revenues for the following areas of practice**

	Percentage	Annualized Revenues
<b>A. Audits</b>		
Financial Institutions		
Non Profit		
Private		
Public		
<b>B. General Bookkeeping</b>		
Bookkeeping or Accounting Software Installation or Consulting (non Design Services)		
Bookkeeping/Write-ups/Payroll Processing		
Compilations		
Reviews		
<b>C. Tax Services</b>		
Business		
Estates		
Individual		
Shelters		
<b>D. Investment Advice and Consulting</b>		
Basic Personal Financing Planning (No Specific Investment Advice)		
Business Valuations		
Expert Witness		
Forensic Accountants		
Litigation Support		
Management or Business Consulting(please describe)		
<b>E. Other</b>		
Describe:		
TOTAL	<b>100%</b>	

**FALSE INFORMATION**

**THIS SUPPLEMENT WILL BE ATTACHED TO AND BECOMES A PART OF THE MISCELLANEOUS PROFESSIONAL LIABILITY POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.**

Signature: \_\_\_\_\_

Print Name / 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 Underwriters to complete this insurance.**