

ACORD 838 MN (2013/12) - Minnesota Accountants Professional Liability Section

ACORD 838 MN, Minnesota Accountants Professional Liability Section, is used to apply for accountants professional liability coverage in the state of Minnesota. The form was designed to be used in conjunction with ACORD 825 - Professional / Specialty Insurance Application.

Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed.
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION SECTION	Named Insured	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION	DBA	Enter text: The name by which an organization is doing business.
COVERAGE REQUESTED	Limit (per claim)	Enter limit: The limit amount for each claim.
COVERAGE REQUESTED	Limit (Aggregate)	Enter limit: The aggregate limit amount.
COVERAGE REQUESTED	Retention (check box)	Check the box (if applicable): Indicates if there is a retention limit.
COVERAGE REQUESTED	Deductible (check box)	Check the box (if applicable): Indicates if there is a deductible limit.
COVERAGE REQUESTED	Retention / Deductible (per claim \$ Amount)	Enter limit: The retained limit or deductible amount.
COVERAGE REQUESTED	Retention / Deductible (per claim Percentage)	Enter percentage: The retained limit or deductible expressed as a percent.
COVERAGE REQUESTED	Retention / Deductible (Aggregate \$ Amount)	Enter amount: The retained or deductible aggregate amount.

COVERAGE REQUESTED	Retention / Deductible (Aggregate Percentage)	Enter percentage: The current retained aggregate amount or deductible expressed as a percent.
COVERAGE REQUESTED	Annual Premium	Enter amount: The annual modified premium charged (not including taxes or service charges).
COVERAGE REQUESTED	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. As used here, 12:01 AM at the Principal Address of the Applicant.
COVERAGE REQUESTED	Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire. As used here, 12:01 AM at the Principal Address of the Applicant.
COVERAGE REQUESTED	Requested Retroactive Date	Enter date: The retroactive date if the policy was issued on a Claims Made basis and there was a retroactive date.
COVERAGE REQUESTED	Separate Defense Cost Limit	Enter limit: The limit amount for separate defense costs.
COVERAGE REQUESTED	Inside (check box)	Check the box (if applicable): Indicates the defense limit is inside.
COVERAGE REQUESTED	Outside (check box)	Check the box (if applicable): Indicates the defense limit is outside.
ADDITIONAL OFFICES	Name	Enter text: The name of the branch office.
ADDITIONAL OFFICES	Address Line 1	Enter text: The street address of the branch office.
ADDITIONAL OFFICES	City	Enter text: The branch office's city name.
ADDITIONAL OFFICES	State	Enter code: The state or province code where the branch office is located.
ADDITIONAL OFFICES	Zip Code	Enter code: The postal code for the branch office.
ADDITIONAL OFFICES	Name	Enter text: The name of the branch office.
ADDITIONAL OFFICES	Address Line 1	Enter text: The street address of the branch office.
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ADDITIONAL OFFICES	City	Enter text: The branch office's city name.
ADDITIONAL OFFICES	State	Enter code: The state or province code where the branch office is located.
ADDITIONAL OFFICES	Zip Code	Enter code: The postal code for the branch office.
AREA(S) OF PRACTICE	Attest / Assurance Services Description	Enter text: A brief description of the practice area.
AREA(S) OF PRACTICE	Attest / Assurance Services - Percentage of Gross Income Last Year	Enter percentage: The percentage breakdown last year for Attest / Assurance Services.
AREA(S) OF PRACTICE	Attest / Assurance Services - Percentage of Gross Income This Year	Enter percentage: The percentage breakdown this year for Attest / Assurance Services.
AREA(S) OF PRACTICE	Engagement Letters (Y /N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if an engagement letter is applicable.
AREA(S) OF PRACTICE	Audit - Public Company Description (if applicable)	Enter text: A brief description of the practice area.
AREA(S) OF PRACTICE	Audit - Public Company - Percentage of Gross Income Last Year	Enter percentage: The percentage breakdown last year for Audit - Public Company

AREA(S) OF PRACTICE	Audit - Public Company - Percentage of Gross Income This Year	Enter percentage: The percentage breakdown this year for Audit - Public Company
AREA(S) OF PRACTICE	Engagement Letters (Y /N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if an engagement letter is applicable.
AREA(S) OF PRACTICE	Audit - Other Description (if applicable)	Enter text: A brief description of the practice area.
AREA(S) OF PRACTICE	Audit - Other - Percentage of Gross Income Last Year	Enter percentage: The percentage breakdown last year for Audit - Other
AREA(S) OF PRACTICE	Audit - Other - Percentage of Gross Income This Year	Enter percentage: The percentage breakdown this year for Audit - Other
AREA(S) OF PRACTICE	Engagement Letters (Y /N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if an engagement letter is applicable.
AREA(S) OF PRACTICE	Bookkeeping Description (if applicable)	Enter text: A brief description of the practice area.
AREA(S) OF PRACTICE	Bookkeeping - Percentage of Gross Income Last Year	Enter percentage: The percentage breakdown last year for Bookkeeping.
AREA(S) OF PRACTICE	Bookkeeping - Percentage of Gross Income This Year	Enter percentage: The percentage breakdown this year for Bookkeeping.
AREA(S) OF PRACTICE	Engagement Letters (Y /N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if an engagement letter is applicable.
AREA(S) OF PRACTICE	Business Planning Description	Enter text: A brief description of the practice area.
AREA(S) OF PRACTICE	Business Planning - Percentage of Gross Income Last Year	Enter percentage: The percentage breakdown last year for Business Planning.
AREA(S) OF PRACTICE	Business Planning - Percentage of Gross Income This Year	Enter percentage: The percentage breakdown this year for Business Planning.
AREA(S) OF PRACTICE	Engagement Letters (Y /N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if an engagement letter is applicable.
AREA(S) OF PRACTICE	Business Valuation Description (if applicable)	Enter text: A brief description of the practice area.

AREA(S) OF PRACTICE	Business Valuation - Percentage of Gross Income Last Year	Enter percentage: The percentage breakdown last year for Business Valuation.
AREA(S) OF PRACTICE	Business Valuation - Percentage of Gross Income This Year	Enter percentage: The percentage breakdown this year for Business Valuation.
AREA(S) OF PRACTICE	Engagement Letters (Y /N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates if an engagement letter is applicable.
AREA(S) OF PRACTICE	Compilation Description (if applicable)	Enter text: A brief description of the practice area.
AREA(S) OF PRACTICE	Compilation - Percentage of Gross Income Last Year	Enter percentage: The percentage breakdown last year for Compilation
AREA(S) OF PRACTICE	Compilation - Percentage of Gross Income This Year	Enter percentage: The percentage breakdown this year for Compilation
AREA(S) OF PRACTICE	Engagement Letters (Y /N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates if an engagement letter is applicable.
AREA(S) OF PRACTICE	Consulting Services Description	Enter text: A brief description of the practice area.
AREA(S) OF PRACTICE	Consulting Services - Percentage of Gross Income Last Year	Enter percentage: The percentage breakdown last year for Consulting Services.
AREA(S) OF PRACTICE	Consulting Services - Percentage of Gross Income This Year	Enter percentage: The percentage breakdown this year for Consulting Services.
AREA(S) OF PRACTICE	Engagement Letters (Y /N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates if an engagement letter is applicable.
AREA(S) OF PRACTICE	Fiduciary Services Description (if applicable)	Enter text: A brief description of the practice area.
AREA(S) OF PRACTICE	Fiduciary Services - Percentage of Gross Income Last Year	Enter percentage: The percentage breakdown last year for Fiduciary Services.
AREA(S) OF PRACTICE	Fiduciary Services - Percentage of Gross Income This Year	Enter percentage: The percentage breakdown this year for Fiduciary Services.

AREA(S) OF PRACTICE	Engagement Letters (Y /N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates if an engagement letter is applicable.
AREA(S) OF PRACTICE	Forecasts / Projections Description (if applicable)	Enter text: A brief description of the practice area.
AREA(S) OF PRACTICE	Forecasts / Projections - Percentage of Gross Income Last Year	Enter percentage: The percentage breakdown last year for Forecasts / Projections.
AREA(S) OF PRACTICE	Forecasts / Projections - Percentage of Gross Income This Year	Enter percentage: The percentage breakdown this year for Forecasts / Projections.
AREA(S) OF PRACTICE	Engagement Letters (Y /N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates if an engagement letter is applicable.
AREA(S) OF PRACTICE	Investment Advisory Services Description	Enter text: A brief description of the practice area.
AREA(S) OF PRACTICE	Investment Advisory Services - Percentage of Gross Income Last Year	Enter percentage: The percentage breakdown last year for Investment Advisory Services.
AREA(S) OF PRACTICE	Investment Advisory Services - Percentage of Gross Income This Year	Enter percentage: The percentage breakdown this year for Investment Advisory Services.
AREA(S) OF PRACTICE	Engagement Letters (Y /N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates if an engagement letter is applicable.
AREA(S) OF PRACTICE	Litigation Support Description (if applicable)	Enter text: A brief description of the practice area.
AREA(S) OF PRACTICE	Litigation Support - Percentage of Gross Income Last Year	Enter percentage: The percentage breakdown last year for Litigation Support.
AREA(S) OF PRACTICE	Litigation Support - Percentage of Gross Income This Year	Enter percentage: The percentage breakdown this year for Litigation Support.
AREA(S) OF PRACTICE	Engagement Letters (Y /N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates if an engagement letter is applicable.
AREA(S) OF PRACTICE	Personal Financial Planning Description (if applicable)	Enter text: A brief description of the practice area.

AREA(S) OF PRACTICE	Personal Financial Planning - Percentage of Gross Income Last Year	Enter percentage: The percentage breakdown last year for Personal Financial Planning.
AREA(S) OF PRACTICE	Personal Financial Planning - Percentage of Gross Income This Year	Enter percentage: The percentage breakdown this year for Personal Financial Planning.
AREA(S) OF PRACTICE	Engagement Letters (Y /N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates if an engagement letter is applicable.
AREA(S) OF PRACTICE	Review Description (if applicable)	Enter text: A brief description of the practice area.
AREA(S) OF PRACTICE	Review - Percentage of Gross Income Last Year	Enter percentage: The percentage breakdown last year for Review.
AREA(S) OF PRACTICE	Review - Percentage of Gross Income This Year	Enter percentage: The percentage breakdown this year for Review.
AREA(S) OF PRACTICE	Engagement Letters (Y /N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates if an engagement letter is applicable.
AREA(S) OF PRACTICE	Securities Activities Description (if applicable)	Enter text: A brief description of the practice area.
AREA(S) OF PRACTICE	Securities Activities - Percentage of Gross Income Last Year	Enter percentage: The percentage breakdown last year for Securities Activities.
AREA(S) OF PRACTICE	Securities Activities - Percentage of Gross Income This Year	Enter percentage: The percentage breakdown this year for Securities Activities.
AREA(S) OF PRACTICE	Engagement Letters (Y /N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates if an engagement letter is applicable.
AREA(S) OF PRACTICE	Tax - Business Description (if applicable)	Enter text: A brief description of the practice area.
AREA(S) OF PRACTICE	Tax - Business - Percentage of Gross Income Last Year	Enter percentage: The percentage breakdown last year for Tax - Business.
AREA(S) OF PRACTICE	Tax - Business - Percentage of Gross Income This Year	Enter percentage: The percentage breakdown this year for Tax - Business.
AREA(S) OF PRACTICE	Engagement Letters (Y /N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates if an engagement letter is applicable.

AREA(S) OF PRACTICE	Tax - Estate Description (if applicable)	Enter text: A brief description of the practice area.
AREA(S) OF PRACTICE	Tax - Estate - Percentage of Gross Income Last Year	Enter percentage: The percentage breakdown last year for Tax - Estate.
AREA(S) OF PRACTICE	Tax - Estate - Percentage of Gross Income This Year	Enter percentage: The percentage breakdown this year for Tax - Estate.
AREA(S) OF PRACTICE	Engagement Letters (Y /N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates if an engagement letter is applicable.
AREA(S) OF PRACTICE	Tax - Individual Description (if applicable)	Enter text: A brief description of the practice area.
AREA(S) OF PRACTICE	Tax - Individual - Percentage of Gross Income Last Year	Enter percentage: The percentage breakdown last year for Tax - Individual.
AREA(S) OF PRACTICE	Tax - Individual - Percentage of Gross Income This Year	Enter percentage: The percentage breakdown this year for Tax - Individual.
AREA(S) OF PRACTICE	Engagement Letters (Y /N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates if an engagement letter is applicable.
AREA(S) OF PRACTICE	Other Practice Area	Enter text: The area of practice other than those listed.
AREA(S) OF PRACTICE	Other Practice Area Description (if applicable)	Enter text: A brief description of the practice area.
AREA(S) OF PRACTICE	Other Practice Area - Percentage of Gross Income Last Year	Enter percentage: The percentage breakdown last year for other activities not listed.
AREA(S) OF PRACTICE	Other Practice Area - Percentage of Gross Income This Year	Enter percentage: The percentage breakdown this year for other activities not listed.
AREA(S) OF PRACTICE	Engagement Letters (Y /N)	Enter Y for a “Yes” response. Input N for “No” response. Indicates if an engagement letter is applicable.
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AREA(S) OF PRACTICE	Other Practice Area - Percentage of Gross Income This Year	Enter percentage: The percentage breakdown this year for other activities not listed.
AREA(S) OF PRACTICE	Engagement Letters (Y /N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if an engagement letter is applicable.
REMARKS	Remarks	Enter text: The remarks associated with the accountants professional liability line of business. Use this section to list any additional, pertinent information that the underwriter should know about the overall exposures of this risk. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

Form Page 2

Section Name	Field Name	Description
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IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
FINANCIAL INFORMATION	Ending Date (MM/DD/YYYY) Projected - Current Year	Enter date: The end date of the financial information (MM/DD/YYYY). As used here, this represents the end date for the current fiscal year.
FINANCIAL INFORMATION	Ending Date (MM/DD/YYYY) Latest Fiscal Year	Enter date: The end date of the financial information (MM/DD/YYYY). As used here, this represents the end date for the latest fiscal year.
FINANCIAL INFORMATION	Ending Date (MM/DD/YYYY) First Prior Fiscal Year	Enter date: The end date of the financial information (MM/DD/YYYY). As used here, this represents the end date for the first prior fiscal year.
FINANCIAL INFORMATION	Gross Revenues Projected - Current Year	Enter amount: The total revenue for the organization for the current year. As used here, this represents projected gross revenues for the current year.
FINANCIAL INFORMATION	Gross Revenues - Latest Fiscal Year	Enter amount: The total revenue for the organization for the prior year. As used here, this represents gross revenues for the latest fiscal year.
FINANCIAL INFORMATION	Gross Revenues - First Prior Fiscal Year	Enter amount: The total revenue for the organization for the prior year. As used here, this represents gross revenues for the first prior fiscal year.
FINANCIAL INFORMATION	Total number of clients served in the past twelve (12) months	Enter number: The total number of clients served in the past twelve months.
EMPLOYMENT INFORMATION	Current Number of Full Time Equivalent CPAs	Enter number: The number of employees that are CPAs (Certified Public Accountants).
EMPLOYMENT INFORMATION	Current Number of Full Time Equivalent Non-CPA Accountants	Enter number: The number of employees that are accountants and assistants.
EMPLOYMENT INFORMATION	Current Number of Full Time Equivalent Support Staff	Enter number: The number of employees that are support staff.
PREDECESSOR FIRM(S)	Firm Name	Enter text: The name of the predecessor firm.
PREDECESSOR FIRM(S)	Date Formed	Enter date: The date the firm was formed.
PREDECESSOR FIRM(S)	Percent Owned	Enter percentage: The percent of the firm that is owned.
PREDECESSOR FIRM(S)	Date Dissolved	Enter date: The dissolution date of the predecessor firm.
PREDECESSOR FIRM(S)	Date of Name Change	Enter date: The date the firm name was changed.
PREDECESSOR FIRM(S)	Firm Name	Enter text: The name of the predecessor firm.
PREDECESSOR FIRM(S)	Date Formed	Enter date: The date the firm was formed.
PREDECESSOR FIRM(S)	Percent Owned	Enter percentage: The percent of the firm that is owned.

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PREDECESSOR FIRM(S)	Date of Name Change	Enter date: The date the firm name was changed.
APPLICANT / PREDECESSOR FIRM INFORMATION	1. 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, IRS, governmental regulatory or tax authorities, or any accounting society?	Enter Y for a "Yes" response. Input N for "No" response. Indicates a response to the question, "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?"

APPLICANT / PREDECESSOR FIRM INFORMATION	An explanation as to whether any member of the applicant firm or any predecessor firm has been the subject of a complaint, disciplinary action or reprimand by any state board, the SEC, IRS, governmental regulatory or tax authorities, or any accounting society.	Enter text: An explanation as to whether any member of the applicant firm or any predecessor firm has 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.
APPLICANT / PREDECESSOR FIRM INFORMATION	2. Does the applicant firm share office space with professionals / firms other than those listed in the ADDITIONAL OFFICES section?	Enter Y for a "Yes" response. Input N for "No" response. Indicates a response to the question, "Does the applicant firm share office space with professionals / firms other than those listed in the additional offices section?"
APPLICANT / PREDECESSOR FIRM INFORMATION	2a. If "YES", does your firm separate files, employ separate support staff and present itself as an independent practice to the public?	Enter Y for a "Yes" response. Input N for "No" response. Indicates a response to the question, "Does your firm separate files, employ separate support staff and present itself as an independent practice to the public?"
APPLICANT / PREDECESSOR FIRM INFORMATION	2b. Name of the Professionals / Firm	Enter text: The name of the other firm in which office space is shared. If applicable, the name of the other professionals that share the space.
APPLICANT / PREDECESSOR FIRM INFORMATION	3. In the past two (2) years, have any individuals in the applicant firm or predecessor firm provided regulatory, securities or compliance services to any financial institution client?	Enter Y for a "Yes" response. Input N for "No" response. Indicates a response to the question, "In the past two (2) years, have any individuals in the applicant firm or predecessor firm provided regulatory, securities or compliance services to any financial institution client"

APPLICANT / PREDECESSOR FIRM INFORMATION	An explanation as to whether any individuals in the applicant firm or predecessor firm have provided regulatory, securities or compliance services to any financial institution client in the past two (2) years.	Enter text: An explanation as to whether any member of the applicant firm or predecessor firm provided regulatory, securities or compliance services to any financial institution client in the last mandated number of years.
APPLICANT / PREDECESSOR FIRM INFORMATION	4. In the past two (2) years, have any individuals in the applicant firm or predecessor firm provided services for an institution in which the applicant member held an equity or management interest?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "In the past two (2) years, have any individuals in the applicant firm or predecessor firm provided services for an institution which an applicant member held an equity or management interest?"
APPLICANT / PREDECESSOR FIRM INFORMATION	An explanation as to whether any individuals in the applicant firm or predecessor firm have provided services for an institution in which the applicant member held an equity or management interest in the past two (2) years.	Enter text: An explanation as to whether any individuals in the applicant firm or predecessor firm provided services for an institution in which the applicant member held an equity or management interest in the last mandated number of years.
APPLICANT / PREDECESSOR FIRM INFORMATION	5. In the past two (2) years, have any individuals in the applicant firm or predecessor firm provided services for an institution whose deposits are not insured by a government agency, such as the FDIC or NCUA?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "In the past two (2) years, have any individuals in the applicant firm or predecessor firm provided services for an institution whose deposits are not insured by a government agency, such as the FDIC of NCUA?"

APPLICANT / PREDECESSOR FIRM INFORMATION	An explanation as to whether any individuals in the applicant firm or predecessor firm have provided services for an institution whose deposits are not insured by a government agency, such as the FDIC or NCUA in the past two (2) years.	Enter text: An explanation as to whether any individuals in the applicant firm or predecessor firm provided services for an institution whose deposits are not insured by a government agency, such as the FDIC or NCUA in the last mandated number of years.
APPLICANT / PREDECESSOR FIRM INFORMATION	6. In the past two (2) years, have any individuals in the applicant firm or predecessor firm provided services for an institution which was either in its formative stage or which has at any point been insolvent?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "In the past two (2) years, have any individuals in the applicant firm or predecessor firm provided services for an institution which was either in its formative stage or which has at any point since been insolvent?"
APPLICANT / PREDECESSOR FIRM INFORMATION	An explanation as to whether any individuals in the applicant firm or predecessor firm have provided services for an institution which was either in its formative stage or which has at any point been insolvent in the past two (2) years.	Enter text: An explanation as to whether any individuals in the applicant firm or predecessor firm provided services for an institution which was either in its formative stage or which has at any point since been insolvent in the last mandated number of years.
APPLICANT / PREDECESSOR FIRM INFORMATION	7. In the past two (2) years, have any individuals in the applicant firm or predecessor firm provided services for an institution for which they were an officer, director or general counsel?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "In the past two (2) years, have any individuals in the applicant firm or predecessor firm provided services for an institution for which they were an officer, director or general counsel?"

APPLICANT / PREDECESSOR FIRM INFORMATION	An explanation as to whether any individuals in the applicant firm or predecessor firm have provided services for an institution for which they were an officer, director or general counsel in the past two (2) years.	Enter text: An explanation as to whether any individuals in the applicant firm or predecessor firm provided services for an institution for which they were an officer, director or general counsel in the last mandated number of years.
APPLICANT / PREDECESSOR FIRM INFORMATION	8. Have any suits for collection fees been filed by the applicant or predecessor firms during the past two (2) years?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Have any suits for collection of fees been filed by the applicant or predecessor firms during the past two (2) years?"
APPLICANT / PREDECESSOR FIRM INFORMATION	Number of Suits	Enter number: The total number of suits.
APPLICANT / PREDECESSOR FIRM INFORMATION	Number Resolved Successfully	Enter number: The total number of law suits resolved successfully.
APPLICANT / PREDECESSOR FIRM INFORMATION	Dollar Amount of Fee Suits Last Year	Enter amount: The dollar amount of fee suits last year.
APPLICANT / PREDECESSOR FIRM INFORMATION	Dollar Amount of Fee Suits Previous Year	Enter amount: The dollar amount of fee suits previous year.
APPLICANT / PREDECESSOR FIRM INFORMATION	9. Has any applicant firm or any predecessor firm ever conducted SEC services or audits for any publically held companies?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has any applicant firm or any predecessor firm ever conducted SEC services or audits for any publically held companies?"
APPLICANT / PREDECESSOR FIRM INFORMATION	An explanation as to whether any applicant firm or any predecessor firm ever conducted SEC services or audits for any publically held companies.	Enter text: An explanation as to whether any applicant firm or any predecessor firm ever conducted SEC services or audits for any publically held companies.

APPLICANT / PREDECESSOR FIRM INFORMATION	10. Has any applicant firm or any predecessor firm received equity or any other non-monetary compensation for the rendering of accounting services?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has any applicant firm or any predecessor firm received equity or any other non-monetary compensation for the rendering of accounting services?"
APPLICANT / PREDECESSOR FIRM INFORMATION	10a. If "YES", was this only on tax engagements?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Was this only on non-tax engagements?"
APPLICANT / PREDECESSOR FIRM INFORMATION	11. Has the applicant firm arranged, coordinated or managed any investment venture?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Has the applicant firm arranged, coordinated or managed any investment venture?"
APPLICANT / PREDECESSOR FIRM INFORMATION	An explanation as to whether the applicant firm arranged, coordinated or managed any investment venture.	Enter text: An explanation as to whether the applicant firm arranged, coordinated or managed any investment venture.

Form Page 3

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	12. 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 percent of the applicant firm's revenues? (If "YES", provide the following for each)	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "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 percent of the applicant firm's revenues?"

APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Name of Client	Enter text: The name of client for whom the applicant firms accountants have had a business interest within the past six (6) years.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Nature of Business	Enter text: The nature of the business of the client for whom the applicant firm's accountants have had a business interest in the past six (6) years.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Services Provided	Enter text: The services provided by the client for whom the applicant firm's accountants have had a business interest within the past six (6) years.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	% of Firm's Revenue	Enter percentage: The percentage of the firm's revenue.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Equity Interest %	Enter percentage: The percentage of equity interest.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Dollar Value of Interest	Enter amount: The dollar value of interest.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Person Holding a Position for this Client	Enter text: The name of the employee holding a position for this client.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Title	Enter text: The title of the employee holding a position for the client.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Name of Client	Enter text: The name of client for whom the applicant firms accountants have had a business interest within the past six (6) years.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Nature of Business	Enter text: The nature of the business of the client for whom the applicant firm's accountants have had a business interest in the past six (6) years.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Services Provided	Enter text: The services provided by the client for whom the applicant firm's accountants have had a business interest within the past six (6) years.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	% of Firm's Revenue	Enter percentage: The percentage of the firm's revenue.

APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Equity Interest %	Enter percentage: The percentage of equity interest.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Dollar Value of Interest	Enter amount: The dollar value of interest.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Person Holding a Position for this Client	Enter text: The name of the employee holding a position for this client.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Title	Enter text: The title of the employee holding a position for the client.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Name of Client	Enter text: The name of client for whom the applicant firms accountants have had a business interest within the past six (6) years.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Nature of Business	Enter text: The nature of the business of the client for whom the applicant firm's accountants have had a business interest in the past six (6) years.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Services Provided	Enter text: The services provided by the client for whom the applicant firm's accountants have had a business interest within the past six (6) years.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	% of Firm's Revenue	Enter percentage: The percentage of the firm's revenue.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Equity Interest %	Enter percentage: The percentage of equity interest.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Dollar Value of Interest	Enter amount: The dollar value of interest.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Person Holding a Position for this Client	Enter text: The name of the employee holding a position for this client.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Title	Enter text: The title of the employee holding a position for the client.

APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Name of Client	Enter text: The name of client for whom the applicant firms accountants have had a business interest within the past six (6) years.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Nature of Business	Enter text: The nature of the business of the client for whom the applicant firm's accountants have had a business interest in the past six (6) years.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Services Provided	Enter text: The services provided by the client for whom the applicant firm's accountants have had a business interest within the past six (6) years.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	% of Firm's Revenue	Enter percentage: The percentage of the firm's revenue.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Equity Interest %	Enter percentage: The percentage of equity interest.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Dollar Value of Interest	Enter amount: The dollar value of interest.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Person Holding a Position for this Client	Enter text: The name of the employee holding a position for this client.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Title	Enter text: The title of the employee holding a position for the client.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	13. Does any member of the applicant firm hold any professional license other than for accounting?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does any member of the applicant firm hold any professional license other than for accountancy?"
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Name of Individual	Enter text: The name of the individual holding this position.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Profession	Enter text: The name of the other profession.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Annual Income from Profession	Enter amount: The annual income from other profession.

APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Insurance Carrier	Enter text: The name of the insurer providing coverage for the other profession.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Name of Individual	Enter text: The name of the individual holding this position.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Profession	Enter text: The name of the other profession.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Annual Income from Profession	Enter amount: The annual income from other profession.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Insurance Carrier	Enter text: The name of the insurer providing coverage for the other profession.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Name of Individual	Enter text: The name of the individual holding this position.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Profession	Enter text: The name of the other profession.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Annual Income from Profession	Enter amount: The annual income from other profession.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Insurance Carrier	Enter text: The name of the insurer providing coverage for the other profession.

APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	14. Within the past three (3) years has the applicant firm or predecessor firm or any affiliated entity thereof rendered audit or attest services for a business client, for which either the client or a parent of the client subsequently declared or filed bankruptcy, defaulted on a debt obligation or became insolvent?	Enter Y for a “Yes” response. Input N for “No” response. Indicates the response to the question, "Within the past three (3) years, has the applicant firm or predecessor firm or any affiliated entity thereof rendered audit or attest services for a business client, for which either the client or a parent of the client subsequently declared or filed bankruptcy, defaulted on a debt obligation or became insolvent?"
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Name of Client	Enter text: The name of the client.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Client Industry	Enter text: The name of the client industry.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Type of Service Rendered	Enter text: The name of the type of service rendered.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Dates of Service	Enter date: The dates of the service rendered. As used here, this is the start date.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Dates of Service	Enter date: The dates of the service rendered. As used here, this is the completion date.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Going Concern (Y / N)	Enter Y for a “Yes” response. Input N for “No” response. The going concern indicator.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Date of Bankruptcy / Insolvency / Default	Enter date: The date of the bankruptcy, insolvency or default.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Name of Client	Enter text: The name of the client.

APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Client Industry	Enter text: The name of the client industry.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Type of Service Rendered	Enter text: The name of the type of service rendered.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Dates of Service	Enter date: The dates of the service rendered. As used here, this is the start date.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Dates of Service	Enter date: The dates of the service rendered. As used here, this is the completion date.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Going Concern (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. The going concern indicator.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Date of Bankruptcy / Insolvency / Default	Enter date: The date of the bankruptcy, insolvency or default.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Name of Client	Enter text: The name of the client.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Client Industry	Enter text: The name of the client industry.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Type of Service Rendered	Enter text: The name of the type of service rendered.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Dates of Service	Enter date: The dates of the service rendered. As used here, this is the start date.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Dates of Service	Enter date: The dates of the service rendered. As used here, this is the completion date.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Going Concern (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. The going concern indicator.

APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	Date of Bankruptcy / Insolvency / Default	Enter date: The date of the bankruptcy, insolvency or default.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	15. During the past six (6) 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 the carrier's withdrawal from the market? (Missouri Applicants – Do not answer this question)	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "During the past six (6) years, has any insurer of the applicant firm, predecessor firm or prior firm cancelled or refused to renew professional liability insurance for any reason other than the carrier's withdrawal from the market?"
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	An explanation as to whether any insurer of the applicant firm, predecessor firm or prior firm canceled or refused to renew professional liability insurance for any reason other than the carrier's withdrawal from the market during the past six (6) years.	Enter text: An explanation as to whether any insurer of the applicant firm, predecessor firm or prior firm canceled or refused to renew professional liability insurance for any reason other than the carrier's withdrawal from the market in the past six (6) years.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	16. In the past three (3) years, has the applicant firm undergone any peer or quality review sponsored by the AICPA or any state society of CPAs?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "In the past three (3) years, has the applicant firm undergone any peer or quality review sponsored by AICPA or any state society of CPAs?"
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	The results were unqualified.	Check the box (if applicable): Indicates the results from the peer quality review are unqualified.
APPLICANT / PREDECESSOR FIRM INFORMATION (continued)	The results were qualified, modified or adverse.	Check the box (if applicable): Indicates the results from the peer quality review are qualified, modified or adverse.
PRIOR COVERAGE	Prior Carrier	Enter text: The name of the previous insurer.
PRIOR COVERAGE	Eff Date (MM/DD/YYYY)	Enter date: The effective date of the prior policy.

PRIOR COVERAGE	Exp Date (MM/DD/YYYY)	Enter date: The expiration date of the previous coverage.
PRIOR COVERAGE	Limits of Liability	Enter limit: The limits of liability on the policy (per claim or aggregate).
PRIOR COVERAGE	Defense Limits Inside (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there is an inside defense limit.
PRIOR COVERAGE	Defense Limits Outside (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there is an outside defense limit.
PRIOR COVERAGE	Retention (check box)	Check the box (if applicable): Indicates if there is a retention limit.
PRIOR COVERAGE	Deductible (check box)	Check the box (if applicable): Indicates if there is a deductible limit.
PRIOR COVERAGE	Retention / Deductible Amount	Enter limit: The retained limit or deductible amount.
PRIOR COVERAGE	Number of Accountants	Enter number: The number of accountants on prior coverage.
PRIOR COVERAGE	Annual Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business.
PRIOR COVERAGE	Prior Carrier	Enter text: The name of the previous insurer.
PRIOR COVERAGE	Eff Date (MM/DD/YYYY)	Enter date: The effective date of the prior policy.
PRIOR COVERAGE	Exp Date (MM/DD/YYYY)	Enter date: The expiration date of the previous coverage.
PRIOR COVERAGE	Limits of Liability	Enter limit: The limits of liability on the policy (per claim or aggregate).
PRIOR COVERAGE	Defense Limits Inside (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there is an inside defense limit.
PRIOR COVERAGE	Defense Limits Outside (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there is an outside defense limit.
PRIOR COVERAGE	Retention (check box)	Check the box (if applicable): Indicates if there is a retention limit.
PRIOR COVERAGE	Deductible (check box)	Check the box (if applicable): Indicates if there is a deductible limit.
PRIOR COVERAGE	Retention / Deductible Amount	Enter limit: The retained limit or deductible amount.
PRIOR COVERAGE	Number of Accountants	Enter number: The number of accountants on prior coverage.
PRIOR COVERAGE	Annual Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business.
PRIOR COVERAGE	Prior Carrier	Enter text: The name of the previous insurer.
PRIOR COVERAGE	Eff Date (MM/DD/YYYY)	Enter date: The effective date of the prior policy.

PRIOR COVERAGE	Exp Date (MM/DD/YYYY)	Enter date: The expiration date of the previous coverage.
PRIOR COVERAGE	Limits of Liability	Enter limit: The limits of liability on the policy (per claim or aggregate).
PRIOR COVERAGE	Defense Limits Inside (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there is an inside defense limit.
PRIOR COVERAGE	Defense Limits Outside (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there is an outside defense limit.
PRIOR COVERAGE	Retention (check box)	Check the box (if applicable): Indicates if there is a retention limit.
PRIOR COVERAGE	Deductible (check box)	Check the box (if applicable): Indicates if there is a deductible limit.
PRIOR COVERAGE	Retention / Deductible Amount	Enter limit: The retained limit or deductible amount.
PRIOR COVERAGE	Number of Accountants	Enter number: The number of accountants on prior coverage.
PRIOR COVERAGE	Annual Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business.
PRIOR COVERAGE	Prior Carrier	Enter text: The name of the previous insurer.
PRIOR COVERAGE	Eff Date (MM/DD/YYYY)	Enter date: The effective date of the prior policy.
PRIOR COVERAGE	Exp Date (MM/DD/YYYY)	Enter date: The expiration date of the previous coverage.
PRIOR COVERAGE	Limits of Liability	Enter limit: The limits of liability on the policy (per claim or aggregate).
PRIOR COVERAGE	Defense Limits Inside (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there is an inside defense limit.
PRIOR COVERAGE	Defense Limits Outside (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there is an outside defense limit.
PRIOR COVERAGE	Retention (check box)	Check the box (if applicable): Indicates if there is a retention limit.
PRIOR COVERAGE	Deductible (check box)	Check the box (if applicable): Indicates if there is a deductible limit.
PRIOR COVERAGE	Retention / Deductible Amount	Enter limit: The retained limit or deductible amount.
PRIOR COVERAGE	Number of Accountants	Enter number: The number of accountants on prior coverage.
PRIOR COVERAGE	Annual Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business.
PRIOR COVERAGE	Prior Carrier	Enter text: The name of the previous insurer.
PRIOR COVERAGE	Eff Date (MM/DD/YYYY)	Enter date: The effective date of the prior policy.

PRIOR COVERAGE	Exp Date (MM/DD/YYYY)	Enter date: The expiration date of the previous coverage.
PRIOR COVERAGE	Limits of Liability	Enter limit: The limits of liability on the policy (per claim or aggregate).
PRIOR COVERAGE	Defense Limits Inside (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there is an inside defense limit.
PRIOR COVERAGE	Defense Limits Outside (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there is an outside defense limit.
PRIOR COVERAGE	Retention (check box)	Check the box (if applicable): Indicates if there is a retention limit.
PRIOR COVERAGE	Deductible (check box)	Check the box (if applicable): Indicates if there is a deductible limit.
PRIOR COVERAGE	Retention / Deductible Amount	Enter limit: The retained limit or deductible amount.
PRIOR COVERAGE	Number of Accountants	Enter number: The number of accountants on prior coverage.
PRIOR COVERAGE	Annual Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business.
PRIOR COVERAGE	Prior Carrier	Enter text: The name of the previous insurer.
PRIOR COVERAGE	Eff Date (MM/DD/YYYY)	Enter date: The effective date of the prior policy.
PRIOR COVERAGE	Exp Date (MM/DD/YYYY)	Enter date: The expiration date of the previous coverage.
PRIOR COVERAGE	Limits of Liability	Enter limit: The limits of liability on the policy (per claim or aggregate).
PRIOR COVERAGE	Defense Limits Inside (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there is an inside defense limit.
PRIOR COVERAGE	Defense Limits Outside (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there is an outside defense limit.
PRIOR COVERAGE	Retention (check box)	Check the box (if applicable): Indicates if there is a retention limit.
PRIOR COVERAGE	Deductible (check box)	Check the box (if applicable): Indicates if there is a deductible limit.
PRIOR COVERAGE	Retention / Deductible Amount	Enter limit: The retained limit or deductible amount.
PRIOR COVERAGE	Number of Accountants	Enter number: The number of accountants on prior coverage.
PRIOR COVERAGE	Annual Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business.
PRIOR COVERAGE	Prior Carrier	Enter text: The name of the previous insurer.
PRIOR COVERAGE	Eff Date (MM/DD/YYYY)	Enter date: The effective date of the prior policy.

PRIOR COVERAGE	Exp Date (MM/DD/YYYY)	Enter date: The expiration date of the previous coverage.
PRIOR COVERAGE	Limits of Liability	Enter limit: The limits of liability on the policy (per claim or aggregate).
PRIOR COVERAGE	Defense Limits Inside (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there is an inside defense limit.
PRIOR COVERAGE	Defense Limits Outside (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if there is an outside defense limit.
PRIOR COVERAGE	Retention (check box)	Check the box (if applicable): Indicates if there is a retention limit.
PRIOR COVERAGE	Deductible (check box)	Check the box (if applicable): Indicates if there is a deductible limit.
PRIOR COVERAGE	Retention / Deductible Amount	Enter limit: The retained limit or deductible amount.
PRIOR COVERAGE	Number of Accountants	Enter number: The number of accountants on prior coverage.
PRIOR COVERAGE	Annual Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business.
PRIOR COVERAGE	Indicate Applicant Firm's Retroactive Date of Their Current Policy	Enter date: The date of the applicant firm's first claim's made policy.

Form Page 4

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
LOSS HISTORY	Check if None	Check the box (if applicable): Indicates there are no prior losses or occurrences that may give rise to claims for the mandated number of years.

LOSS HISTORY	1. After inquiry, are any individuals or the applicant firm aware of any professional liability claims made against them, the applicant firm or a predecessor firm in the past six (6) years, including those which may have been made against them while with prior firm(s)? (If "YES", provide details in the table below)	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "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 (6) years, including those which may have been made against them while with prior firm(s)?"
LOSS HISTORY	2. 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 (6) years?)? (If "YES", provide details in the table below)	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "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 (6) years?"
LOSS HISTORY	Total Losses	Enter amount: The amount that has been paid on all losses to date.
LOSS HISTORY	Date of Occurrence (MM/DD/YYYY)	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
LOSS HISTORY	Type / Description of Occurrence or Claim	Enter text: A brief description of the loss.
LOSS HISTORY	Date of Claim (MM/DD/YYYY)	Enter date: The date the claim was filed.
LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	Amount Reserved	Enter amount: The reserve amount the previous carrier is holding open for this claim.
LOSS HISTORY	Subrogation (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is in subrogation.
LOSS HISTORY	Claim Open (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is still open.

LOSS HISTORY	Date of Occurrence (MM/DD/YYYY)	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
LOSS HISTORY	Type / Description of Occurrence or Claim	Enter text: A brief description of the loss.
LOSS HISTORY	Date of Claim (MM/DD/YYYY)	Enter date: The date the claim was filed.
LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	Amount Reserved	Enter amount: The reserve amount the previous carrier is holding open for this claim.
LOSS HISTORY	Subrogation (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is in subrogation.
LOSS HISTORY	Claim Open (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is still open.
LOSS HISTORY	Date of Occurrence (MM/DD/YYYY)	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
LOSS HISTORY	Type / Description of Occurrence or Claim	Enter text: A brief description of the loss.
LOSS HISTORY	Date of Claim (MM/DD/YYYY)	Enter date: The date the claim was filed.
LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	Amount Reserved	Enter amount: The reserve amount the previous carrier is holding open for this claim.
LOSS HISTORY	Subrogation (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is in subrogation.
LOSS HISTORY	Claim Open (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is still open.
LOSS HISTORY	Date of Occurrence (MM/DD/YYYY)	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
LOSS HISTORY	Type / Description of Occurrence or Claim	Enter text: A brief description of the loss.
LOSS HISTORY	Date of Claim (MM/DD/YYYY)	Enter date: The date the claim was filed.
LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	Amount Reserved	Enter amount: The reserve amount the previous carrier is holding open for this claim.
LOSS HISTORY	Subrogation (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is in subrogation.
LOSS HISTORY	Claim Open (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is still open.

LOSS HISTORY	Date of Occurrence (MM/DD/YYYY)	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
LOSS HISTORY	Type / Description of Occurrence or Claim	Enter text: A brief description of the loss.
LOSS HISTORY	Date of Claim (MM/DD/YYYY)	Enter date: The date the claim was filed.
LOSS HISTORY	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY	Amount Reserved	Enter amount: The reserve amount the previous carrier is holding open for this claim.
LOSS HISTORY	Subrogation (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is in subrogation.
LOSS HISTORY	Claim Open (Y / N)	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the claim is still open.
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REMARKS / ATTACHMENTS	Letterhead (check box)	Check the box (if applicable): Indicates if company letterhead is attached.
REMARKS / ATTACHMENTS	Current Retroactive Date Endorsement (check box)	Check the box (if applicable): Indicates if current retroactive date endorsement is attached.
REMARKS / ATTACHMENTS	Current Declarations Page (check box)	Check the box (if applicable): Indicates if current declarations page is attached.
REMARKS / ATTACHMENTS	Claims Information (check box)	Check the box (if applicable): Indicates if claims information is attached.
REMARKS / ATTACHMENTS	Organizational Chart (check box)	Check the box (if applicable): Indicates if organizational chart is attached.
REMARKS / ATTACHMENTS	Other Attachment (check box)	Check the box (if applicable): Indicates there is an attachment other than those listed on the application.
REMARKS / ATTACHMENTS	Other Attachment Description	Enter text: The description of the other attachment.
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REMARKS / ATTACHMENTS	Other Attachment Description	Enter text: The description of the other attachment.
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REMARKS / ATTACHMENTS	Other Attachment Description	Enter text: The description of the other attachment.
REMARKS / ATTACHMENTS	Remarks	Enter text: The remarks associated with the accountants professional liability line of business. Use this section to list any additional, pertinent information that the underwriter should know about the overall exposures of this risk. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
SIGNATURE	Producer's Signature	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
SIGNATURE	Producer's Name	Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.
SIGNATURE	State Producer License No	Enter identifier: The State License Number of the producer.
SIGNATURE	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the named insured.
SIGNATURE	National Producer Number	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.