



3. Based on the Firm'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
\$ _____	\$ _____	\$ _____	\$ _____

4. Percentage of revenue from the Firm's largest clients (including related entities):

Largest \_\_\_\_\_%    Second Largest \_\_\_\_\_%

For those clients representing 20% or more of the Firm's revenue, please list for each:

Client Name	
Client Industry	
Services Performed	
Length of Time as a Client	
Describe how Firm maintains independence	

Client Name	
Client Industry	
Services Performed	
Length of Time as a Client	
Describe how Firm maintains independence	

Client Name	
Client Industry	
Services Performed	
Length of Time as a Client	
Describe how Firm maintains independence	

5. Approximately what percentage of the Firm's revenue is derived from the areas listed below? (Please indicate whether or not engagement letters are used for each service area listed below.)

Service Area	% of Revenue	Engagement Letter Used
<b>Accounting/Bookkeeping</b>		
• Accounting/Bookkeeping	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Attestation</b>		
• Audit	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Non-Public	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Public	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>(Please complete an Audit Services Supplemental Application if any audit work performed.)</i>		
• Agreed Upon Procedures	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Review	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Compilation	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>

Service Area	% of Revenue	Engagement Letter Used
<b>Special Services</b>		
• Client Funds Controlled	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Non-Trustee Fiduciary or Administrative Responsibility – ERISA, Pension & Benefit Plans, ESOPs, Ins. Co.'s, Hedge Funds, Other Investment Co.'s	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Executor/Trustee/Receiver	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Investment/Financial Planning	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>



<b>Consulting</b>		
• Merger & Acquisition	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Computer Related Services	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Litigation Support	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Management Consulting/ Business Planning	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Projections/Forecasts	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Valuations		
<b>Other</b>		
• Other (Please describe)	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____		
_____		
_____		

• SEC-Section 404 Services	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• SEC Work other than Audit Section 404 Work or Tax	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Tax</b>		
• Business Tax	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Estate Tax	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Individual Tax	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>TOTAL ADDS TO 100%</b>	<b>100%</b>	

6. Does the Firm, or any Firm member provide:

- a. Personal tax or other services to any individual client that has an annual income in excess of \$5 million? Yes  No
- b. Any attest services to any private company with annual sales of more than \$250 million? Yes  No

If "Yes" to a. or b. above, please provide the following:

Client Name	
Client Industry	
Services Provided	
Length of Time as a Client	

Client Name	
Client Industry	
Services Provided	
Length of Time as a Client	

Client Name	
Client Industry	
Services Provided	
Length of Time as a Client	

7. Has the Firm, any Firm member of spouse, within the past five (5) years:

- a. Held an equity interest in, operated, or managed any entity (excluding the Firm) for whom the Firm provided professional services? Yes  No
- b. Acted as a director, officer or exercised any form of managerial control over any entity (excluding the Firm), for whom the Firm provided professional services? Yes  No



If "Yes", please describe. \_\_\_\_\_  
\_\_\_\_\_

8. Has the Firm, or any Firm member, acted as trustee, co-trustee, executor, receiver, administrator or personal representative, other than for life insurance trusts or trusts with less than \$500,000 in assets? Yes  No

If "Yes", please explain. \_\_\_\_\_  
\_\_\_\_\_

9. Does the Firm, or any Firm member, control or distribute client funds, other than as trustee or executor? Yes  No

If "Yes", please explain. \_\_\_\_\_  
\_\_\_\_\_

10. Has the Firm, its predecessors, or affiliates, within the past five (5) years:  
a. Performed audits for or provided consulting services to SEC-regulated entities (other than broker/dealers who are not publicly traded)? Yes  No   
b. 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

11. Is the Firm in the process of or planning to bid on any new engagements for a publicly held company, its subsidiaries or its employee benefit plans? Yes  No

If Yes, please describe. \_\_\_\_\_  
\_\_\_\_\_

12. Has the Firm, its predecessors or affiliates, within the past five (5) years performed services for unregistered investment vehicles such as hedge funds, real estate or investment syndicates, limited liability companies or partnerships (limited or general)? Yes  No

If Yes, please describe. \_\_\_\_\_  
\_\_\_\_\_

13. Has the Firm, its predecessors or affiliates, within the past three (3) years:  
a. Arranged debt or equity financing or acted as a business broker? Yes  No   
b. Acted as a mortgage agent/broker? Yes  No   
c. Performed actuarial services? Yes  No

If "Yes" to a., b., or c. above, provide a detailed description of services performed for each such client, including a sample engagement letter for these services. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Has the Firm, its predecessors or affiliates, currently, or within the past five (5) years:  
a. Organized, sold, acted as sales promoter or sales agent for, or participated in the management of or general partner for any real estate or other investment syndicate, limited liability company ("LLC") or partnership (limited or general)? Yes  No



- b. Received commission, finder fees, reciprocity or participation from sellers or promoters of an investment, tax, shelter, securities, insurance products, or real estate? Yes  No
- c. Organized, sold, acted as sale promoter or sales agent for, prepared any promotional sales materials for, provided any tax advice, counsel or opinions with respect to, any "reportable transaction" as defined in Treasury Regulation §1.6011-4(b), or any 1031 Like\_Kind Exchanges? Yes  No
- d. Organized, sold, acted as sale promoter or sales agent for, prepared any promotional sales materials for, provided any tax advice, counsel or opinions with respect to, or prepared or assisted in preparing any income, gift or estate tax returns incorporating or reporting a tax shelter or other tax advantaged investment which provided taxable income exclusions or tax deductions exceeding \$500,000 in any one tax year? Yes  No

If "Yes" to a., b., c., or d. above, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 15. (a) How many suits for the collection of fees have been filed by the firm during the past 24 months? \_\_\_\_\_
- (b) How many of these suits have been resolved successfully? \_\_\_\_\_ How many are still open? \_\_\_\_\_

16. Indicate what loss prevention tools your Firm requires Firm members to use:

- a. Engagement letters are updated:
 

<input type="checkbox"/> Annually for all engagements	<input type="checkbox"/> Annually for attest engagements
<input type="checkbox"/> As engagements changes	<input type="checkbox"/> Evergreen (not updated)
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Not used
- b. Second person/partner review of:
 

<input type="checkbox"/> Attest services	<input type="checkbox"/> Tax Services
<input type="checkbox"/> All services	<input type="checkbox"/> Other: _____
<input type="checkbox"/> No second person/partner review of any services	
- c. Checklists:
 

<input type="checkbox"/> AICPA	<input type="checkbox"/> PPC
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Not used or not applicable
- d. Client screening procedures:
 

<input type="checkbox"/> New clients prior to acceptance	<input type="checkbox"/> Existing clients
<input type="checkbox"/> Both	<input type="checkbox"/> None
- e. Do engagement letters contain ADR (Alternative Dispute Resolution) or Limitation of Liability clauses? Yes  No   
 If "Yes", what is the liquidated damages amount stipulated in your engagement letter? \$ \_\_\_\_\_
- f. Does Firm have disengagement procedures for terminating client relationships? Yes  No
- g. Are declination/non-engagement letters used on all matters declined by the Firm? Yes  No   
 If "No", please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- h. Other loss prevention tools/procedures, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

17. Date of most recent peer or quality review: \_\_\_\_\_

18. If not within last 3 years, anticipated date of next review: \_\_\_\_\_

- a. Was the review on-site or off-site? On-site  Off-site   
b. Was the review modified, qualified, adverse or other? Yes  No

If "Yes" to b. above, please provide a copy of the letter of comments, your Firm's response and committee acceptance letter.

## INSURANCE AND LOSS HISTORY

1. Provide your firm's recent insurance history below:

	Insurance Company	Limits Per Claim/Aggregate	Policy Period (Month/Day/Year)	Deductible	Annual Premium
Current Year					
Previous Year 1					
Previous Year 2					
Previous Year 3					
Previous Year 4					

2. If you are currently insured for professional liability coverage, what is your policy's retroactive date? (month/date/year)?  
\_\_\_\_/\_\_\_\_/\_\_\_\_ If there is no retroactive date, please check here.

**If requesting prior acts coverage you will be asked upon binding coverage to provide a copy of your current insurance declaration page documenting the expiring retroactive date and limits. Prior acts coverage may not be available if the date of your current retroactive coverage is different from what we have quoted or if there is any gap between effective dates.**

3. Are you being canceled or non-renewed by your current professional liability carrier? Yes  No   
If Yes, please explain why: \_\_\_\_\_

4. Requested Limits:  \$100,000/\$300,000  \$500,000/\$500,000  \$1,000,000/\$1,000,000  
 \$2,000,000/\$2,000,000  Other \$ \_\_\_\_\_ /\$ \_\_\_\_\_

Requested Deductible (Per Claim):  \$5,000  \$10,000  \$25,000  Other \_\_\_\_\_

5. After inquiry with each person as appropriate, in the last five (5) years, has any professional liability claim or suit ever been made against the Firm or any predecessor firm or any current or former member of the Firm or predecessor firm? Yes  No

If "Yes," how many? \_\_\_\_\_ Please complete a separate Supplemental Claim Form for each claim or suit and include a currently valued loss run for each claim.



6. After inquiry with each person as appropriate, do you, or any of your partners, officers, directors, or employees know of any circumstances, acts, errors, omissions, or any allegations or contentions of any incident that could result in a claim? Yes  No

If "Yes," how many? \_\_\_\_\_ If "Yes," please complete a separate Supplemental Claim Form for each potential claim and provide as much details as possible.

- 7. a. Has the Firm or any member of the Firm ever had his/her certificate, license, or permit to practice suspended or revoked or voluntarily surrendered due to an investigation? Yes  No
- b. Has the Firm or any member of the Firm ever been subjected to any disciplinary action by any State Board of Accountancy, State Society, the AICPA or any other State or Federal regulators or indicted or convicted of a felony charge? Yes  No
- c. Is the Firm or any member of the Firm currently under investigation by any of the above named boards, societies or regulators? Yes  No

If "Yes" to a, b, or c, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FRAUD WARNING**

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO COLORADO APPLICANTS:** 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 and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**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 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.

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**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_  
(Must be signed by a Principal, Partner, or Officer of the Firm)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_







Kinsale Insurance Company  
 P. O. Box 17008  
 Richmond, VA 23226  
 (804) 289-1300  
[www.kinsaleins.com](http://www.kinsaleins.com)

**PROFESSIONAL LIABILITY SUPPLEMENTAL CLAIM APPLICATION**

- *This form is to be completed when the Applicant has been involved in any claim or is aware of an incident which may give rise to a claim. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.*
- *If space is insufficient to answer any questions fully, attach a separate sheet.*
- *In lieu of attaching suit papers, please provide a complete narrative description of the allegations involved*

**APPLICANT'S INFORMATION**

1. Full Name of Applicant: \_\_\_\_\_
2. Full Name of Individual(s) or entity involved in the claim: \_\_\_\_\_
3. Additional defendants \_\_\_\_\_
4. Full Name of Claimant: \_\_\_\_\_
5. Indicate whether:       CLAIM               SUIT               Incident/Circumstance Only (no claim or suit)
6. Date and location of alleged act, error or omission: \_\_\_\_\_
7. Date of claim: \_\_\_\_\_ Date reported to Insurance Company: \_\_\_\_\_
8. What is the status of the claim?    Closed/Settled     Open/Pending     Incident/Circumstance
9. IF CLOSED:

Total paid including deductible(s)? Responses such as "unknown" or "unavailable" are insufficient.

	Defense costs	Loss/compensatory damages
Paid by you-out of pocket	\$ _____	\$ _____
Insurance Company	\$ _____	\$ _____

Date Resolved: \_\_\_\_/\_\_\_\_/\_\_\_\_      Trial       Out of Court

10. IF PENDING:
  - (a) Claimant's settlement demand? \$ \_\_\_\_\_ Defendant's settlement offer (if any): \$ \_\_\_\_\_
  - (b) Insurer's reserve amounts? Loss \$ \_\_\_\_\_ Defense \$ \_\_\_\_\_
  - (c) Amounts already spent defending the claim? By you? \$ \_\_\_\_\_ By the insurer? \$ \_\_\_\_\_
  - (d) What is your best estimate of the likely settlement amount for this matter? \$ \_\_\_\_\_
  - (e) What is your best estimate of the date when you expect this claim to be resolved? \_\_\_\_\_

*Note: Answering "unknown" or "unavailable" to the above questions is an insufficient response.*

11. Name(s) of Insurer(s) responding to this claim or incident \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Limits of Liability: \_\_\_\_\_ Deductible: \_\_\_\_\_



12. Provide narrative description of suit, claim or incident, including the allegations involved, the potential size of injury and your response: \_\_\_\_\_  
\_\_\_\_\_

13. Explain what action(s) have been taken to prevent reoccurrence of a similar claim: \_\_\_\_\_  
\_\_\_\_\_

**I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability Application. I understand that an incorrect or incomplete statement could void my protection.**

\_\_\_\_\_  
Signature of Applicant/Title/Date

\_\_\_\_\_  
(Must be signed by a Principal, Partner or Officer of the Firm)

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(Must be signed by a Principal, Partner, or Officer of the Firm)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_

