



- St. Paul Fire and Marine Insurance Company, Saint Paul, Minnesota**
- St. Paul Mercury Insurance Company, Saint Paul, Minnesota**
- St. Paul Guardian Insurance Company, Saint Paul, Minnesota**

**NOTE: THE INSURANCE COVERAGE FOR WHICH YOU ARE APPLYING IS WRITTEN ON A CLAIMS MADE BASIS AND ACCORDINGLY ONLY CLAIMS WHICH ARE FIRST MADE AGAINST YOU AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD ARE COVERED, SUBJECT TO POLICY PROVISIONS.**

New Application     Renewal of Policy Number: \_\_\_\_\_

Agent's Name: \_\_\_\_\_ Agent's License Number: \_\_\_\_\_  Direct  Sub-Produced

1. Full legal name of Applicant Firm \*Include all firm names, trading names or DBA's under which applicant operates.

2. Address of Principal Office

3. Policy Period From ____/____/____ To ____/____/____	4. Retroactive Date ____/____/____	5. Year Firm Established
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6. Does your Firm practice from any other office location(s)? .....  Yes  No  
*If yes, please provide address(es) of other location(s) on a separate sheet.*

7. Firm is a(n):  
 Sole Proprietor     Partnership     Professional Corporation or Association     Limited Liability Company  
 Limited Liability Partnership     Other: \_\_\_\_\_

8. Has your name ever changed or have you merged with or acquired another Firm? .....  Yes  No  
*If yes, please provide complete details including full legal names, dates of operation, etc. on a separate sheet.*

9. Limits of Liability (per claim/aggregate):  
 \$100,000     \$500,000     \$2,000,000     \$4,000,000     \$10,000,000  
 \$250,000     \$1,000,000     \$3,000,000     \$5,000,000     Other \_\_\_\_\_

10. Deductible amount requested (per claim)  
 \$1,000     \$2,500     \$5,000     \$10,000     \$15,000     \$20,000     \$25,000     Other \_\_\_\_\_

11. Do you share office space, expenses or staff with any other accountant(s) or with any other professionals? .....  Yes  No  
*If yes, please describe arrangement and identify by name the space/expense sharer(s) on a separate sheet.*

12. Is this a full-time Accounting or Bookkeeping practice? .....  Yes  No

13. Does any member of your Firm provide professional services as a practicing lawyer, real estate agent or broker, investment advisor, or securities agent or broker? .....  Yes  No  
*If yes, please provide complete details including whether covered by a separate professional liability policy on a separate sheet.*

14. Total number of Professional Staff engaged in Accounting or Bookkeeping is:..... \_\_\_\_\_  
*Please list all personnel by Category (from all offices). Attach a separate sheet if necessary.*

Name	Education or Work Experience	Owner, Partner, Officer, Employee, Per Diem	Years in Practice	Professional Membership or Association	Hours of CPE

15. a. Indicate the gross billable income for the applicable fiscal year.

Last Fiscal Year	Current Fiscal Year	Next 12 Months Projected
Ending: ____/____/____	Ending: ____/____/____	Ending: ____/____/____
\$ _____	\$ _____	\$ _____

b. Total # of clients for the past year ..... \_\_\_\_\_  
 If newly established, please estimate # of clients for next year. .... \_\_\_\_\_

16. Do you have any single client(s) representing 25% or more of your gross billable income? .....  Yes  No  
*If yes, please provide client(s) profile, services performed by you, % of your revenue, etc. on a separate sheet.*

17. Indicate the approximate % of your last year's billings and whether Engagement Letters are used.  
 Total percentage must add up to 100%.

Area of Practice	% of Income	Engagement Letters Used?
<b>A. AUDITS</b>		
1. Municipal	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Publicly-Held Companies*	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Other	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B. GENERAL</b>		
1. Bookkeeping/Write-ups	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Reviews	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Compilations	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Personal Financial Planning	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>C. TAX SERVICES</b>		
1. Individual/Estate Returns	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Corporate Returns	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Limited Partnership Returns	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>D. BUSINESS ACQUISITIONS</b>		
1. Divestitures	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Evaluations & Projections	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>E. MANAGEMENT ADVISORY SERVICES</b>		
(please describe)	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F. EDP/COMPUTER SERVICES</b>		
1. Hardware/Software Sales	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Data Processing Service	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Hardware/Software Consulting	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>G. FIDUCIARY SERVICES</b>		
1. Administrator, Executor or ERISA Trustee	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Bankruptcy Trustee or Receiver	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>H. SECURITIES ACTIVITIES*</b>		
1. Limited Partnership & Tax Shelter Syndication*	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Debenture Financing/Bonds*	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Securities including Federal & State Securities*	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I. OTHER (please describe on next line)</b>		
	%	<input type="checkbox"/> Yes <input type="checkbox"/> No

*\*Please complete the Securities Supplement.*      **TOTAL**      100%

18. What percentage of your billings are derived from the following client types?
- a. Individuals..... \_\_\_\_\_%
  - b. Privately-Held Companies ..... \_\_\_\_\_%
  - c. Publicly-Held Companies..... \_\_\_\_\_%
  - d. Healthcare/HMO's ..... \_\_\_\_\_%
  - e. Real Estate Concerns..... \_\_\_\_\_%
  - f. Non-Profit Organizations ..... \_\_\_\_\_%
  - g. Construction Concerns ..... \_\_\_\_\_%
  - h. Financial Institutions..... \_\_\_\_\_%
  - i. Other (Describe) \_\_\_\_\_ \_\_\_\_\_%
19. Have you provided professional services (including but not limited to audits) to a publicly traded client in connection with the registration, sale or offering of securities for clients or in connection with the offer and sale of private placement bonds?.....  Yes  No  
*If yes, please complete the **Securities Supplement**.*
20. Excluding activities as a trustee or receiver, has any client been the subject of bankruptcy, insolvency or receivership proceedings within the past three (3) years? .....  Yes  No  
*If yes, please provide date of client's bankruptcy, insolvency or receivership, services performed by you, date of first engagement and whether an engagement letter was used (if not, please explain) on a separate sheet.*
21. Within the past five (5) years, have you:
- a. received commissions, fees, reciprocity or revenue for referrals, sale or promotion of investments or tax shelters? .....  Yes  No
  - b. organized, arranged, procured or evaluated investments, real estate or tax shelters or prepared projections for use in these areas? .....  Yes  No
  - c. participated in the management of any investment partnership, limited partnership, tax shelter or other investment venture? .....  Yes  No
  - d. received loans from any client? .....  Yes  No
  - e. made recommendations as to the sale or purchase of any investments, including specific stocks, bonds or other securities for which you received compensation? .....  Yes  No
- If yes to any part of this question please provide complete details on a separate sheet.*
22. Within the past five (5) years, have you invested, received, disbursed or in any way acted in a decision-making capacity with respect to a client's funds? .....  Yes  No  
*If yes, please indicate name of client, amount of funds, services performed by you, check signing authority (dual or sole), whether distributions are under a trust agreement, and whether you are bonded for the handling of client's funds (if so, indicate carrier and bond amount) all on a **Separate Sheet**.*
23. Does or has any member of the Firm served as trustee or performed professional services to any client(s) in which any Firm member or spouse serves as trustee? .....  Yes  No  
*If yes, please complete the **Trustee Supplement**.*
24. Has any member or former member of the Firm, provided auditing or any consulting services to, acted as a Director or Officer of or been a committee member of any Financial Institution in the past 5 years? .....  Yes  No  
*If yes, please complete the **Financial Institution Supplement**.*
25. Has the Applicant Firm performed any professional service(s) in which any member of the Applicant Firm or his/her relative or spouse served as an officer, director, manager, owner, employee or contractor, or had a financial interest in the client firm? .....  Yes  No  
*If yes, please complete the **Outside Interest Supplement**.*
26. Do you anticipate, within the next (12) months, any material changes to the Firm or its practice? .....  Yes  No  
*If yes, please attach a complete description on a separate sheet.*
27. Within the past (3) years, have you had a quality peer review? .....  Yes  No
- a. Was the review unqualified? .....  Yes  No
- Please **attach a copy of the peer review** and any response you may have had to recommendations.*

28. Please indicate method(s) used to identify any actual or potential conflicts of interest

- Oral/Memory     Computer     Index File     Conflict Committee     None \_\_\_\_\_  
 Other (describe): \_\_\_\_\_

29. In the past five (5) years, has any professional liability claim or suit been made against the Firm, any predecessor in business or any current or former partner, officer, shareholder or employed accountant? .....  Yes     No  
*If yes, please complete the Claim Supplement for each claim.*

30. Does any Accountant for whom coverage is sought know of any incident, act, error or omission that could result in a claim or suit against the Applicant Firm or any predecessor firm or any of the current or former members of the firm? .....  Yes     No  
*If yes, please complete the Claim Supplement for each claim or incident.*

31. Within the past (5) years, have you sued to collect fees or threatened to do so?.....  Yes     No  
*If yes, please describe all collection suits including Name of clients, Services rendered, Dates of services, Suit date, Fee amounts, Status or outcome of suit and whether your firm is still providing services for this client on a separate sheet.*

32. List the Accountants Professional Liability Insurance Coverage carried during the past five (5) years, including any periods without coverage. If no past coverage, please indicate NONE. If current coverage is in place, please provide evidence of your professional liability insurance.

	Policy Period Mo/Day/Yr to Mo/Day/Yr	Insurance Company	Limit of Liability	Deductible/ Retention	Premium
Current Year	To				
Prior Year 1	To				
Prior Year 2	To				
Prior Year 3	To				
Prior Year 4	To				

33. In the past five (5) years, has the Firm or any Firm member ever had Professional Liability insurance or similar insurance declined, canceled or non-renewed? (Not applicable in Missouri) .....  Yes     No  
*If yes, please explain on a separate sheet.*

34. Has any Accountant for whom coverage is being sought 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? .....  Yes     No  
*If yes, please provide complete details on a separate sheet.*

**FRAUD WARNING [Not applicable in Colorado, Hawaii, Nebraska, Ohio, Oklahoma, Oregon, Utah, or Vermont]:** Any person who knowingly and with intent to defraud any insurance company or another 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, and subjects the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

**COLORADO FRAUD WARNING:** 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 policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**HAWAII FRAUD WARNING:** 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.

**OHIO FRAUD WARNING:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA FRAUD WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

### YOUR SIGNATURE AND AUTHORIZATION

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all to the following:

- The statements and representations made in this application are true and complete and will be deemed material to the acceptance of the risk assumed by St. Paul Travelers in the event an insurance policy is issued.
- If the information supplied in this application changes between the date of the application and the effective date of any insurance policy issued by St. Paul Travelers in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- St. Paul Travelers is authorized to make an investigation and inquiry in connection with this application.
- St. Paul Travelers is not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

Signature <i>(Sole Proprietor, Partner, Member or Officer of the Applicant Firm)</i>	Print Name
Title	Date

SUBMITTING INSURANCE AGENT:	<b>INSURANCE AGENT: MAIL COMPLETED APPLICATION TO:</b>
PRODUCER CONTACT:	ST. PAUL TRAVELERS
AGENCY NAME:	One Tower Square, 4SB
MAILING ADDRESS:	Hartford, CT 06183-3004
Telephone: (        )	Telephone: (860) 277-3300 or (800) 842-3112
Facsimile: (        )	Facsimile: (860) 277-7391 or (800) 842-9326