

# Berkley Insurance Company

## Accountants Professional Liability Insurance New Business Application

**CLAIMS MADE WARNING FOR APPLICATION:** This Application is for a Claims Made and Reported Policy, relating to claims made against the Insureds during the Policy Period or any Extended Reporting Period that may apply.

Whenever printed in this Application, the terms in boldface type shall have the same meanings as indicated in the Policy. This Application is to be completed with respect to the entire Firm.

### Applicant Firm Information

Name of Firm			
Street Address	Suite		
City	County	State	Zip Code
Website Address (if applicable)	Date Firm Established		

The person designated as agent of the Firm and of all **Insureds** to receive any and all notices from the **Insurer** or their authorized representatives concerning this insurance:

Contact Name	Title
E-mail Address	Telephone Number
	Fax Number

### Requested Coverage

Indicate the desired coverage selection:

Effective Date: \_\_\_\_\_ Limit of Liability: \$\_\_\_\_\_ per Claim \$\_\_\_\_\_ Annual Aggregate

Deductible: \_\_\_\_\_  Per Claim or  Annual Aggregate

Claim Expenses reduce the Limit of Liability or  Claim Expenses are paid in addition to the limit of Liability

### General Information

Is at least one member of the Firm an active member of one of the following professional associations/sections? Check all that apply:

- AICPA   
  State CPA Society   
  Government Audit Quality Center   
  Center for Public Company Audit Firms  
 PCPS   
  Other: \_\_\_\_\_   
  Employee Benefit Plan Audit Quality Center

1. Does the Firm or any owner, partner or officer render services or conduct **any** business activities under any other name?  Yes  No
- (a) **If Yes complete the Separate Entity Supplemental Form on page 5., whether coverage is desired or not.**
- (b) Coverage may be available for such entities, subject to underwriting approval. Is coverage desired?  Yes  No

**If Yes, list the entities for which coverage is sought:** \_\_\_\_\_

**Complete the remainder of the Application with respect to the Firm and all entities listed in 1. b. above. As used through this Application "Firm affiliates" includes all of the entities included in 1. b. above.**

2. Indicate the total number of personnel for the Firm and Firm affiliates:
- |  |                                    |
|--|------------------------------------|
| CPA Owners, Partners & Officers: _____       | Consulting Professionals: _____    |
| Non-CPA owners, Partners & Officers: _____   | Support Staff (all others): _____  |
| Employed CPAs (not included above): _____    | <b>Total Firm Personnel:</b> _____ |
| Other Accounting or Tax Professionals: _____ |                                    |
3. Within the last 3 years, has the Firm or any Firm affiliate:
- (a) changed its name or ownership structure?  Yes  No
- (b) merged with or acquired the business of any sole practitioner, accounting Firm or other business entity?  Yes  No
- (c) reduced the number of its owners, partners, or officers by 50% or more?  Yes  No
- If Yes to any part of question 3., provide details on a separate sheet and include any policy amendments/endorsements to your current coverage.**
4. Indicate the Gross Annual Revenue for the Firm and all Firm affiliates. **If the projected fiscal revenues are more than 15% over current fiscal year revenues, provide an explanation on a separate sheet.**

Second Last Fiscal Year	Last Fiscal Year	Estimated Current Fiscal Year	Projected Next Fiscal Year
FYE: / /	FYE: / /	FYE: / /	FYE: / /
\$	\$	\$	\$

# Berkley Insurance Company

## Areas of Practice

5. Provide the percentage of gross annual revenue derived from the following Areas of Practice. Total must equal 100%. Indicate whether or not annual engagement letters are used for each Area of Practice.

Area of Practice	%	Engagement Letter	Area of Practice	%	Engagement Letter
Business Tax Services	%	<input type="checkbox"/> Y <input type="checkbox"/> N	Information Technology Services	%	<input type="checkbox"/> Y <input type="checkbox"/> N
Estate Tax Services	%	<input type="checkbox"/> Y <input type="checkbox"/> N	Business Valuation	%	<input type="checkbox"/> Y <input type="checkbox"/> N
Individual Tax Services	%	<input type="checkbox"/> Y <input type="checkbox"/> N	Litigation Consulting Services	%	<input type="checkbox"/> Y <input type="checkbox"/> N
Financial Planning & Investment Advisory Services	%	<input type="checkbox"/> Y <input type="checkbox"/> N	Business Planning (describe):	%	<input type="checkbox"/> Y <input type="checkbox"/> N
Bookkeeping and Write-Up Services	%	<input type="checkbox"/> Y <input type="checkbox"/> N			
Compilation	%	<input type="checkbox"/> Y <input type="checkbox"/> N	Other Attest/Assurance Services (describe):	%	<input type="checkbox"/> Y <input type="checkbox"/> N
Review	%	<input type="checkbox"/> Y <input type="checkbox"/> N			
Audit Services – Non Public Clients	%	<input type="checkbox"/> Y <input type="checkbox"/> N	Other Consulting (describe):	%	<input type="checkbox"/> Y <input type="checkbox"/> N
Audit Services – Publicly Held Clients	%	<input type="checkbox"/> Y <input type="checkbox"/> N			
Forecast and Projection Services	%	<input type="checkbox"/> Y <input type="checkbox"/> N			
EDP Services/System Consultation	%	<input type="checkbox"/> Y <input type="checkbox"/> N	TOTAL:	100%	

6. Estimated total number of clients for last fiscal year: \_\_\_\_\_
7. (a) Percentage of revenue from largest client (include related entities): \_\_\_\_\_ % Client Name: \_\_\_\_\_  
 Client Industry: \_\_\_\_\_ Services rendered by Firm: \_\_\_\_\_
- (b) Percentage of revenue from 2nd largest client (include related entities): \_\_\_\_\_ % Client Name: \_\_\_\_\_  
 Client Industry: \_\_\_\_\_ Services rendered by Firm: \_\_\_\_\_
8. Within the last 3 years, have any personnel, or the Firm or Firm affiliates rendered assurances as to care received by an individual, consulted with clients on care options, provided assistance with daily activities, (other than bill paying), or coordinated the provisions of such services for any client? **If Yes complete the Elder Care Supplement on page 5.**  Yes  No
9. Within the last 10 years, has the Firm, Firm affiliates, **Predecessor Firm**, or any personnel thereof, received fees or reciprocity in connection with the design, recommendation, sale or promotion of any income tax transaction which:
- (a) is specifically identified by the IRS as a tax avoidance transaction ("listed transaction", or is substantially similar to abusive tax shelters or transaction listed under IRS code?  Yes  No
- (b) or, any income tax transaction that is considered to be a reportable transaction under Treasury Regulation §1.6011-4?  Yes  No
- If Yes to any part of 9. describe services rendered, estimate and/or describe the fees or reciprocity received for each of the past 10 years, and provide copies of any opinion letters or any other materials used to promote this practice/service.**
10. Within the last 3 years, has the Firm, Firm affiliates, or any personnel thereof:
- (a) rendered financial planning, asset management or investment advisory services?  Yes  No
- (b) received commissions, referral fees, reciprocity or other inducements arising from the sale, promotion or recommendation of securities, insurance products, real estate or other investments?  Yes  No
- If Yes to any part of 10, complete the Financial Planning and Investment Supplement on page 5.**
11. Within the last 3 years, has the Firm, Firm affiliates, **Predecessor Firm** or any personnel thereof:
- (a) performed audit, review, attestation or consulting services to publically held companies, their subsidiaries or their employee benefit plans?  Yes  No
- (b) submitted bids, are in the process of bidding or plan to bid on any new engagements to perform audit, review, attestation or consulting services for a publically held company, its subsidiaries or its employee benefit plans?  Yes  No
- If Yes to 11. a. or b., complete the Public Company Supplement on page 7.**
- (c) performed information technology services?  Yes  No
- If Yes to 11. c., complete the Information Technology Supplement on page 8.**
- (d) served as a trustee, co-trustee, executor, administrator or personnel representative?  Yes  No
- If Yes to 11. d., complete the Trustee & Estate Supplement on page 9.**
- (e) controlled or dispersed client funds?  Yes  No
- If Yes to 11. e., complete the Funds Controlled Supplement on page 9.**
- (f) performed services or consented to the use of your work product in connection with public or private offerings of securities, real estate or other investments?  Yes  No
- If Yes to 11. f., complete the Public & Private Offerings Supplement on page 10.**
- (g) performed audits of non-publically held clients?  Yes  No
- If Yes to 11. g., complete the Non-Public Audit Client Supplement on page 10.**

## Berkley Insurance Company

12. Within the last 3 years, has the Firm, Firm affiliates, or any personnel thereof:
- (a) organized, promoted, solicited on behalf of or procured participants for investment ventures?  Yes  No
- (b) provided management services for investment ventures?  Yes  No
- (c) invested in any non-public investment venture that a client has also invested in?  Yes  No

**If Yes to any part of 12., complete the Investment Venture Supplement on page 11.**

13. Within the last 3 years, has the Firm or Firm affiliates rendered services (**other than tax**) for any client in which Firm personnel, or the spouse of Firm personnel, owned or received an equity interest, or serves as an officer, director, partner, manager or other member of a client's governing body?  Yes  No

**If Yes, complete the Outside Interest Supplement on page 11.**

14. Within the last 3 years, has the Firm, Firm affiliates, or any personnel thereof, received any non-monetary compensation for professional services? (i.e. stock, options, services, products, property, etc.)  Yes  No

**If Yes, provide description:** \_\_\_\_\_

15. Within the last 3 years, has the Firm, Firm affiliates, or any personnel thereof, arranged debt or equity financing, acted as a business broker, underwritten the offering of public or private securities, rendered actuarial services or prepared fairness opinions? **If Yes provide the following:**  Yes  No

Client Name & Industry	Services Rendered & Date of Services	Amount of Compensation	Form of Compensation

16. Within the last 3 years, has the Firm or Firm affiliates rendered services (**other than tax**) for a business client that subsequently declared or filed for bankruptcy, defaulted on a debt obligation, or became insolvent?  Yes  No

**If Yes, provide the following:**

Client Name & Industry	Services Rendered & Date of Services	Type of Audit Opinion	Going Concern reference	Date of Bankruptcy, insolvency or default (specify)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

17. Do any personnel of the Firm or Firm affiliates maintain a professional license **other than** as an accountant, registered representative, insurance agent, or investment advisor?  Yes  No

**If Yes, provide the following: name, type of license, revenues from activity, professional liability insurer, limits of liability and expiration date on a separate sheet.**

### Internal Controls

18. Within the last 3 years, have any personnel completed any Professional Liability Risk Management Seminar, CD-ROM self-study course, or Webcast?  Yes  No

**If Yes, specify below and provide proof of attendance/certificate of completion:**

Seminar, CD-ROM self-study course or Webcast: Number of attendees: \_\_\_\_\_

19. Within the last 3 years has the Firm or Firm affiliates sued to collect fees, including small client representative, insurance agent, or investment advisor?  Yes  No

**If Yes, provide the following: name, type of license, revenues from activity, professional liability insurer, limits of liability and expiration date on a separate sheet.**

20. Within the last 3 years, has the Firm undergone a peer or quality review under the sponsorship of the AICPA, any state CPA Society, or any other professional association or organization, been conducted?  Yes  No

If Yes, indicate the opinion rendered:  Unqualified/Unmodified  Qualified/Modified\*  Other: \_\_\_\_\_ Date: / /

**If there was a Letter of comments or the opinion was Qualified, Modified or Other, attach a copy of the Peer Review Report as well as the Letter of Comments and the Firm's Letter of Response and the same information from the Firm's prior peer review.**

**If No, and the Firm provides compilation, review and/or audit services, indicate the anticipated date of review. In no review is planned, please explain why.**

### Claim Information and Prior Insurance

21. After inquiry of all owners, partners, officers and professionals of the Firm and Firm affiliates, within the last 5 years have any past or present personnel:

(a) been the subject of any regulatory or disciplinary investigation or inquiry (formal or informal) or been suspended from practice?  Yes  No

(b) been charged or plead guilty to, or indicted on a criminal charge?  Yes  No

**If Yes to 21. a. or b., provided details on a separate sheet.**

## Berkley Insurance Company

22. During the last 5 years, has any professional liability claim or suit been made against the Applicant Firm, any **Predecessor Firm**, or partner, stockholder or professional staff person?  Yes  No
23. Is the Firm or any partner, stockholder or professional staff person in the Firm or Firm affiliate aware of any fact, circumstance, or situation that might reasonably be expected to result in any professional liability claim or suit against the Firm, any **Predecessor Firm**, or partner, stockholder or professional staff person in the Firm or Firm affiliate?  Yes  No

**IF YES TO ANY PART OF QUESTIONS 21. 22. OR 23., COMPLETE THE CLAIM / INCIDENT SUPPLEMENTAL ON PAGE 11.**

**IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN DEMAND, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN THE INSURED'S RESPONSE TO QUESTIONS 21. 22. OR 23.**

24. List the professional liability insurance purchased by the Firm for the past year. If "None", so state.  None

Insurance Carrier	Policy Period	# Accountants	Limit	Deductible	Premium
			\$	\$	\$

- Claim Expenses **reduce** the Limit of Liability       Claim Expenses are paid **in addition to** the limits of Liability
- Indicate the prior acts date (retroactive date) for the policy and attach a copy of the current declarations page including any prior acts endorsements:       Prior Acts Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_       Full Prior Acts

25. Within the last 5 years, has the Firm, Firm affiliate or any personnel thereof, been declined, canceled or non-renewed for professional liability insurance for any reason other than for non-payment of premium? (NOT APPLICABLE IN MISSOURI)  Yes  No

### Optional Coverages

If a quotation for any Optional Coverages is desired, indicate and complete the appropriate Supplemental Forms:

26.  Registered Representative Coverage *Complete Financial Planning and Investment Advisory Services Supplement on page 5.*
27.  Life Insurance Agent Coverage *Complete Financial Planning and Investment Advisory Services Supplement on page 5.*
28.  Real Estate Agent Coverage

### Producer Information

Submitted by (Agency Name) \_\_\_\_\_

Dated \_\_\_\_\_

Agent's Name (Individual's Name) \_\_\_\_\_

Agent's License Number \_\_\_\_\_

### Please Read Carefully

The undersigned, acting on behalf of all proposed **Insureds**, declare that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information from each and every **Insured** proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the particulars and statements contained in the Application and any material submitted herewith are their representations and that they are material and are the basis of the insurance contract. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the Policy. Any material submitted with the Application shall be maintained on file (either electronically or paper) with the **Insurer** and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- if any significant change in the condition of the applicant is discovered between the date of this Application and the Policy inception date, which would render this Application inaccurate or incomplete, notice of such change will be reported in writing to the **Insurer** immediately;
- the information contained in this Application shall not be used by the **Insureds** as notice as provided for in section V. A. of this Policy;
- any Policy, if issued, will be in reliance upon the truth of such representations;
- this Application has been completed as respects the entire Applicant Firm;
- the signing of this Application does not bind the undersigned to purchase the insurance.

Dated \_\_\_\_\_

Signature of Owner, Partner, Officer or Principal \_\_\_\_\_

Title \_\_\_\_\_

Owner, Partner, Officer or Principal (Print Name) \_\_\_\_\_

This Berkley Insurance Company Application, including any material submitted herewith, shall be held in strictest confidence.

**A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.**

Please submit this Application including appropriate documentation to:

Monitor Liability Managers, 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039

# Berkley Insurance Company – Application Supplements

## Separate Entity Supplement *Referenced in Question 1.*

1. Number of entities under which the Firm or its owners, partners or officers conduct business activities: \_\_\_\_\_
2. Provide the following for each entity: (attach a separate sheet for multiple entities.)
  - (a) Name of entity and form of entity (subsidiary, DBA, joint venture, LLP, etc.): \_\_\_\_\_
  - (b) Date established: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  - (c) Percent of ownership held by the Firm and all Firm personnel: \_\_\_\_\_ %
  - (d) Total professional staff: \_\_\_\_\_ Total support staff: \_\_\_\_\_
  - (e) Provide a detailed description of the entity's services: \_\_\_\_\_

(f) Gross Annual Revenue on an accrual basis (include this revenue in amounts listed in Question 4 of the application):

Last Fiscal Year	Estimated Current Fiscal Year	Projected Next Fiscal Year
FYE: ____ / ____ / ____	FYE: ____ / ____ / ____	FYE: ____ / ____ / ____
\$ _____	\$ _____	\$ _____

- (g) Was this revenue included under question 4. of the application?  Yes  No
  - (h) Does the entity currently have professional liability coverage?  Yes  No
- If Yes, please provide a current copy of the Declarations Page.**  
 Are additional sheets attached?  Yes  No

## Elder Care Services Supplement *Referenced in Question 8.*

1. List the professionals who perform elder care services for clients.

Name	Profession & Licenses	Employee or Independent Contractor	Type of Services Rendered

2. What experience do the professionals listed above have in rendering elder care services? **Attach a detailed description, resume or curriculum vitae.**
3. Provide a detailed description of the entity's services: \_\_\_\_\_

4. Please complete the following table:

	Last Fiscal Year	Estimate For Current Fiscal Year
Revenues from elder care services:	\$ _____	\$ _____
Total number of elder care clients:	_____	_____
Total number of elder care clients receiving <b>attest services</b> :	_____	_____

5. Have any personnel of the Firm or Firm affiliates served as a conservator or guardian for a client or legally assumed responsibility for the physical well-being of any client?  Yes  No  
 Are additional sheets attached?  Yes  No

## Financial Planning & Investment Advisory Services Supplement *Referenced in Questions 10.b., 26. & 27.*

1. Provide the following information on personnel for which you have responded Yes to either question 10a. or 10b.  
 Name and Professional Designations Earned: \_\_\_\_\_
2. Is the Firm or any Firm affiliate a Registered Investment Advisor?  Yes  No

## Berkley Insurance Company – Application Supplements

3. If any persons in the Firm or Firm affiliates registered with the National Association of Securities Dealers (NASD) as a representative or principal complete the following box:

Name of Representative	NASD Examinations* Passed (list Series)	Name of Broker / Dealer

\* A complete listing of all securities examinations administered by NASD is available on the Internet at <http://www.nasdr.com>. Coverage may be available for registered representatives by endorsement to the Firm's policy subject to underwriting approval. Would you like a quotation?  Yes  No

4. Indicate the amount of gross revenues on an accrual basis earned by the Firm, Firm affiliates, and personnel thereof from financial planning, asset management, investment advisory services, and product sales. All such revenues should be included in item 4. on Page 1 of this application.

a. Last Fiscal Year	b. Estimated Current Fiscal Year	c. Projected Next Fiscal Year
FYE: / /	FYE: / /	FYE: / /
\$	\$	\$

5. From the amount listed in 4a. above, provide the percentage of revenue derived from the following areas of practice. **Total of all items must equal 100%.**

Referrals to 3rd parties <b>**Describe below</b>	%	Non-discretionary Asset Management	%
Preparation of Financial Plans	%	Discretionary Asset Management	%
Sale of Securities	%	Other Investment Advisory Services <b>*Describe below</b>	%
Sale of Insurance Products	%	Other Services <b>*Describe below</b>	%

**\*Describe:** \_\_\_\_\_

**\*\*Describe method of compensation:** \_\_\_\_\_

6. Indicate which products personnel recommend, manage, refer and/or sell **AND** estimate the percentage of revenue earned from recommending and/or selling the following classes of products. (For example: Class A=80%, Class B=15%, Class C=5% and Class D= 0%).

Class A = _____%		Class C - continued	
Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Options and Futures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Variable Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No	REITs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fixed Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Placements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life/Health/Disability/Accident Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	General and Limited Partnerships	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Class B = _____%</b>		Viatical Agreements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property/Casualty Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Class D = _____%</b>	
Listed Stocks/Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Derivatives	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Class C = _____%</b>		Hedge Funds/Funds of Hedge Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unlisted Stocks/Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other <b>*Describe below</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foreign Securities	<input type="checkbox"/> Yes <input type="checkbox"/> No		

7. For asset/portfolio management, provide the following:

	Last Fiscal Year	Estimate For Current Fiscal Year
Total funds under <b>discretionary</b> management:	\$	\$
Total number of <b>discretionary</b> accounts:		
Total funds under <b>non-discretionary</b> management:	\$	\$
Total number of <b>non-discretionary</b> accounts:		

8. Within the last 3 years, have any personnel recommended any non-public investments to clients in which the Firm, Firm affiliates or their personnel have an ownership interest?  Yes  No

*If yes, please provide details:* \_\_\_\_\_



## Berkley Insurance Company – Application Supplements

9. Do the Firm and Firm affiliates obtain a signed engagement letter or written agreement updated annually outlining the client's investment objectives and the services the Firm will perform?  Yes  No

*If yes, please provide details:* \_\_\_\_\_

10. Is any person in the Firm or any Firm affiliate licensed as life/health/accident/disability insurance agent or broker?  Yes  No
- (a) If yes, coverage may be available for life/health/accident/disability insurance agents by endorsement to your policy subject to underwriting approval. Would you like a quotation?  Yes  No
- (b) Provide their names and complete the following table: \_\_\_\_\_

	Last Fiscal Year	Estimate For Current Fiscal Year
Annual Premium Volume:	\$	\$
Annual Insurance Commissions:		
Number of Policies:		

- (c) Within the last 3 years, have the agents placed business with any non-admitted carrier or any carrier with an A.M. Best rating less than "B"?  Yes  No
- (d) Do the life/health/accident/disability insurance agents have errors & omissions insurance?  Yes  No

***If yes, please provide a current copy of the Declarations Page.***

11. Does the Firm, Firm affiliates or their personnel have discretionary authority to invest for any employee benefit plan?  Yes  No

***If Yes, provide the following on a separate sheet: A) Names of employee benefit plans; B) Total amount of assets under your management for each plan; C) Copy of written agreement under which the Firm is rendering services.***

Coverage may be available for acting as a benefit plan fiduciary by endorsement to the Firm's policy subject to underwriting approval. Would you like a quotation?  Yes  No

Are additional sheets attached?  Yes  No

### Public Company Supplement *Referenced in Questions 11.a. & 11.b.*

Within the last 3 years if the Firm, Firm affiliates, **Predecessor Firms** or personnel thereof performed audit or review services for a public company, its subsidiaries or its employee benefit plans or if the Firm is in the process of bidding or plan to bid on any new engagements to perform such services for any of these types of entities, complete **PART A AND B** of this supplement.

Within the last 3 years if the Firm, Firm affiliates, **Predecessor Firms** or personnel thereof performed attestation or consulting services but no audit or review services for a publicly held company, its subsidiaries or its employee benefit plans or if the Firm is in the process of bidding or plan to bid on any new engagements to perform such services for any of these types of entities, complete **PART B** of this supplement only.

#### Part A – Audit & Review:

1. Complete the following for all public companies, their subsidiaries or their employee benefit plans for whom these services were provided within the last 3 years AND for whom the Firm is bidding or plans to bid to perform such services. If a client has changed names, please provide the former and the current name. Attach a separate sheet if necessary.

Client Name	Primary Industry	# Years in Business	# Months as Client*	Dates of Reports	Types of Reports Issued	Audit**	CUSIP Number
1.							
2.							
3.							

\*If less than 18 months, provide name of predecessor auditor(s) and type of audit report issued.

\*\*List if reports Qualified, Adverse, Disclaimed or contained Going Concern Reference

2. For each client identified above, please complete the following table and respond "Yes" or "No" with respect to the most recent financials the Firm has reported on.

Client Name	Net Loss?	Negative Cash Flow?	Negative Retained Earnings?	Significant Uncertainties or Contingencies?	Going Concern Reference?
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Berkley Insurance Company – Application Supplements

3. During the last 3 years, for audit or review engagements performed for public companies, their subsidiaries or their employee benefit plans that were new to the Firm, did you become aware of any client disagreements with the predecessor auditor?  Yes  No

If Yes, identify the client, and if the disagreements were not disclosed in SEC filings, describe them. \_\_\_\_\_

4. During the last 3 years, have any public companies, their subsidiaries or their employee benefit plans that have been your audit or review clients:
- (a) issued corrected financial statements, or had their accountants withdrawn or issued revised audit or review reports?  Yes  No
- (b) been the subject of any regulatory inquiry or investigation regarding financial statement reporting or disclosure matters?  Yes  No

**If Yes, identify client and list the year(s) for which the subject financial statements were corrected and/or audit or review reports withdrawn or revised, explaining the reason for the statement or report correction/withdrawal/revision OR describe the nature of the inquiry or investigation.**

5. Attach copies of the resumes of all Firm principals or managers responsible for the supervision of these services.
6. List the date the Firm registered with the PCAOB (Public Company Accounting Oversight Board) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**If the Firm is not currently registered with the PCAOB, on a separate sheet, explain why the Firm is exempt from registration requirements.**

### Part B – All Other Services:

1. Check the boxes that apply. Within the last 3 years, did the Firm, Firm affiliates, their predecessors in business or their personnel (on behalf of any of the foregoing) render any of the following services for public companies, their subsidiaries, or their employee benefit plans:
- (a) internal audit or internal control consulting services?  Yes  No
- (b) information technology consulting services?  Yes  No
- (c) other consulting services?  Yes  No
- (d) attestation services?  Yes  No

**If Yes to any of the above, provide the following information for each applicable service category:**

- Description of services rendered
- Client names
- Estimates of the Firm's gross revenues on an accrual basis for the most recent and current fiscal years
- Resumes of Firm principals or managers in charge of services
- Marketing materials used to promote these services
- Sample engagement letters

2. Check the boxes that apply. With respect to the Firm or Firm affiliates, did you bid within the **past year**, are you currently in the process of bidding, or do you plan to bid on any of the following engagements for a public company, its subsidiaries or its employee benefit plans?
- (a) internal audit or internal control consulting services?  Yes  No
- (b) information technology consulting services?  Yes  No
- (c) other consulting services?  Yes  No
- (d) attestation services?  Yes  No

**If Yes to any of the above, on a separate sheet, describe the services that have been or are expected to be proposed, identify the prospective client by name and industry, and provide copies of the resumes of Firm principals or managers expected to direct these engagements along with any related marketing materials used.**

### Information Technology Supplement *Referenced in Questions 11. C.*

#### 1. Type of Information Technology Services

Class A	Revenues Last Fiscal Year	Estimate for Current Fiscal Year	Are Written Agreements of Engagement Letters used Annually?
Data processing and entry	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recommending, selling, and/or training clients on computer software or hardware	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Installing software and hardware	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No



## Berkley Insurance Company – Application Supplements

<b>Class B</b>			
Performing regular systems maintenance	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Network design and installation	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Modifying, designing or developing custom software or hardware for use by a single client	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Class C</b>			
Designing or developing software or hardware for mass distribution	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Class D</b>			
Web page development, web page maintenance/updates, or content provider for web page/forum	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Class E</b>			
Hosting web pages, Internet access provider, electronic bulletin board service, file transfer protocol site, or forum manager, file storage	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: Please describe.	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

For any work noted under Class C., D., and E. above, provide the following:

- Copies of all printed materials used to market these products or services.
- Samples of contracts or engagement letters used for these products or services.

Are additional sheets attached?

Yes  No

### Trustee & Estate Supplement *Referenced in Questions 11. d.*

1. Provide information for each trust or estate:

Name of Trust or Estate	Start Date of Engagement	*Type	Value of Assets	Annual Income of Assets	# of Beneficiaries	**Beneficiary Interest?
			\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No

\*E = Estate P = Personal/Family trusts B = Business trusts F = Foundations C = Charities R = Real Estate

\*\*Beneficiary interest means any personal interest you or a relative might have as heir or beneficiary of the trust or estate funds, other than customary fees as trustee, administrator, executor or personal representative to which you are entitled.

Are additional sheets attached?

Yes  No

### Fund Controlled Supplement *Referenced in Questions 11. e and 30.*

1. List total amount of client funds the Firm and Firm affiliates controls or disburses annually: \$ \_\_\_\_\_

2. Number of Clients: \_\_\_\_\_

3. **On a separate sheet, describe the scope of services provided by the Firm and describe all quality or internal controls in place for the services provided.**

4. (a) Do you provide business management or Family Office services or control funds for clients in the entertainment field?  Yes  No

(b) If Yes, provide the number of clients: \_\_\_\_\_

**For each Family Office client with assets under your control of \$10,000,000 or greater and for each business management/entertainment client with assets over \$5,000,000 under your control, provide a copy of your current engagement letter and on a separate sheet provide a detailed description of services provided to each client.**

5. Provide the number of employees who control or disburse funds for the Firm, Firm affiliates or clients: \_\_\_\_\_

6. Does the Firm or Firm affiliates currently have a surety bond or other form of employee dishonesty insurance coverage?  Yes  No

**If Yes, please provide a copy of the current Declarations Page for the bond or policy.**

7. Subject to underwriting approval, Employee Dishonesty Coverage may be available by endorsement to your policy. Would you like a quotation?  Yes  No

# Berkley Insurance Company – Application Supplements

## Public & Private Offerings Supplement *Referenced in Questions 11. f.*

1. Please provide information for each new offering of securities, real estate or other investments within the last 3 years, including non-regulated offerings.

Client Name & Industry	Type of Services Rendered	Year Services Rendered	Size of Offering	Fees Charged	Type of Offering

\*If public, indicate primary or secondary. If private, indicate partnership, trust or stock sale.

2. Specify the years of experience of Firm personnel involved in the offerings of securities, real estate, or other investments described above.

Are additional sheets attached?

Yes  No

## Non-Public Audit Client Supplement *Referenced in Questions 11. g.*

1. Client Industry	# of Audits	Estimated Audit Fees	# of Clients with Assets over \$5,000,000	# of Clients with Net Loss for last FYE
a. Agribusiness (non Grain Elevator)				
b. Agribusiness (Grain Elevator)				
c. Automobile/Vehicle Dealers/Rental				
d. Banks/Lending Institutions				
e. Broker Dealers				
f. Construction				
g. Employee Benefit/Welfare Plans: 1. Subject to ERISA 2. Not subject to ERISA				
h. Entertainment Services				
i. Government/Municipal				
j. Health Care Institutions				
k. Implement Sales				
l. Insurance Companies*				
m. Investment Companies & Funds 1. Hedge Funds and "Funds of Funds" 2. All others				
n. Manufacturing				
o. Mass Media				
p. Mining/Oil & Gas				
q. Not-for-profit				
r. Professionals-Health Care				
s. Professionals-Non Health Care				
t. Real Estate Development/Mgmt				
u. Retail				
v. Service Providers-Other				
w. Transportation				
x. Tribal Entities				
y. Unions				
z. Warehousing/Distribution/Wholesale				
aa. Web-based Business				
bb. Other-(please describe):				

**Insurance companies\***- include all stock companies, Lloyds organizations, insurance exchanges, mutual companies, reciprocal exchanges, fraternal organizations, captives, self-insurance funds, risk retention groups, pools & associations, HMOs and PPOs- **LIST ALL INSURANCE COMPANIES BY NAME ON A SEPARATE SHEET WITH CURRENT AM BEST RATING.**

## Berkley Insurance Company – Application Supplements

2. On a separate sheet, list each Firm partner that performs audits and describe their industry experience and relevant CPE courses completed in the last 3 years.
3. Does the Firm have a written policy on audit-related CPE training, including required courses and CPE hours per year specific to audit services?  Yes  No
4. Does a second partner review all audit workpapers and the audit report prior to sign-off and release of audit report?  Yes  No
5. Do the Firm's client acceptance procedures pertaining to audit engagements require sign-off by a second partner or committee prior to accepting a new engagement?  Yes  No

### Investment Venture Supplement *Referenced in Questions 12. a., 12. b., and 12. c.*

	Venture #1	Venture#2
1. Name of investment venture		
2. Venture industry & purpose		
3. Date formed		
4. Net worth of venture	\$	\$
5. Percent of ownership held by Firm personnel		
6. Do Firm clients have ownership in venture?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Did the Firm recommend venture to clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Please explain how Firm personnel organized, arranged, promoted, solicited or procured participants for investment venture.		
9. Do any Firm personnel act as the general partner (or similar capacity) for this venture? If yes, provide person's name and capacity.		
10. What professional services are rendered to venture?		

Are additional sheets attached?

Yes  No

### Outside Interest Supplement *Referenced in Question 13.*

**For each outside interest client, provide the following information:**

1. Client Name: \_\_\_\_\_ Client Industry: \_\_\_\_\_
  2. Type of services rendered by Firm: \_\_\_\_\_ Date services rendered: \_\_\_\_\_
  3. Percent of equity interest held by Firm personnel and their spouse: \_\_\_\_\_ %
  4. Capacity served by Firm personnel or their spouse: \_\_\_\_\_
  5. Annual fees charged to client: \_\_\_\_\_ \$
- Are additional sheets attached?  Yes  No

### Claim / Incident Supplement *Referenced in Question 21., 22. and 23.*

**If you have reported a claim or potential claim provide a loss run from each carrier to whom you have reported a claim or potential claim in the last 5 years. If no insurance existed at the time of such claim, provide a copy of the suit papers. Complete all information for each claim or potential claim:**

- Full name of claimant or potential claimant: \_\_\_\_\_  Client  Non-client
- Has this claim or potential claim been reported to Berkley Insurance Company or another insurance carrier?  Yes  No
- Has suit been filed?  Yes  No
- Name of insurance carrier: \_\_\_\_\_ Date reported to insurance carrier: \_\_\_\_\_
- Date Firm was notified of claim: \_\_\_\_\_ Date of alleged error: \_\_\_\_\_
- Names of Firm personnel involved in the claim or potential claim: \_\_\_\_\_
- Claim Status:  Open  Closed

**If pending provide:**

- Insurer's loss reserve: \$ \_\_\_\_\_ Insurer's expense reserve: \$ \_\_\_\_\_
- If no reserve exists, provide your last settlement offer: \$ \_\_\_\_\_ and/or the claimant's last demand: \$ \_\_\_\_\_

## Berkley Insurance Company – *Application Supplements*

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***If closed, provide:***

Date Closed: \_\_\_\_\_ Total claim expenses and settlement paid by insurer: \$ \_\_\_\_\_

Deductible and other amounts paid by policyholder: \_\_\_\_\_ \$ \_\_\_\_\_

Description of claim or potential claim: \_\_\_\_\_

What steps have been taken to prevent similar claims? \_\_\_\_\_

Are additional sheets attached?  Yes  No