



ACCOUNTANTS & CONSULTANTS PROFESSIONAL LIABILITY COVERAGE RENEWAL APPLICATION

CLAIMS MADE AND REPORTED COVERAGE – PLEASE READ ALL POLICY PROVISIONS

NOTICE: EXCEPT AS MAY BE OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR COVERED ACTS COMMITTED SUBSEQUENT TO THE RETROACTIVE DATE, IF APPLICABLE, FOR WHICH CLAIMS ARE FIRST MADE AGAINST YOU WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO US NO LATER THAN SIXTY (60) DAYS AFTER THE TERMINATION OF THIS POLICY. THE COVERAGE OF THIS POLICY DOES NOT APPLY TO CLAIMS FIRST MADE AGAINST YOU AFTER THE TERMINATION OF THIS POLICY UNLESS, AND IN SUCH EVENT ONLY TO THE EXTENT, AN EXTENDED REPORTING PERIOD OPTION APPLIES

Please fully answer all questions in ink. Complete all sections, including the appropriate supplements. If space is inadequate to answer all questions in full, please provide details on a supplemental sheet of paper.

Throughout this application the words "you" and "your" refer to the applicant herein and any subsidiary, partner, officer, director, member, covered independent contractor or employee of the applicant. The words "we", "us" and "our", refer to the insurance company to which this application is made.

PLEASE ENSURE THAT THE APPROPRIATE SUPPLEMENTS ARE COMPLETED AND ATTACHED.

1. Name of Applicant: _____
(attach a copy of the firm's current letterhead)

Contact: _____ E-mail Address: _____

Mailing Address: _____

Telephone #: _____ Fax #: _____

URL: http://_____ Date Established: _____

Individual: Corporation: Partnership: LLC/LLP: Other: _____

2. List any subsidiary, predecessor, acquired or merged firms for which coverage is requested:

<u>Name of firm:</u>	<u>Date of formation or Transaction:</u>	<u># of professional staff that joined you:</u>	<u>% of firm annual billings assigned to you:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Please provide the approximate percentages of income received from the following activities for the last fiscal year:

Activity:	%	[1]
Audit: publicly traded entities [2]:		<input type="checkbox"/>
Audit (not-for-profit)[3]:		<input type="checkbox"/>
Audit (all other) [3]:		<input type="checkbox"/>
Review:		<input type="checkbox"/>
Compilation:		<input type="checkbox"/>
Bookkeeping:		<input type="checkbox"/>
Taxation:		<input type="checkbox"/>
Trustee Services [4]:		<input type="checkbox"/>
Personal Financial Planning [5]:		<input type="checkbox"/>

Activity:	%	[1]
M. A. S.		<input type="checkbox"/>

Please Describe in Detail* :

Information Technology:		<input type="checkbox"/>
Business Valuation:		<input type="checkbox"/>
ERISA/Pension Plans/TPA:		<input type="checkbox"/>
SEC/Sarbanes Oxley Services [2]:		<input type="checkbox"/>
Other Services:		<input type="checkbox"/>

Please Describe in Detail*:

TOTAL: 100%

- [1] Please check if 100% engagement letters used. *Deductible reduction may be granted.*
 [2] Complete the Securities supplement.
 [3] Please Complete Question #8

- [4] Complete the Trustee supplement.
 [5] Complete the Personal Financial Planning supplement.
 * Please use separate letterhead for descriptions

8. Complete if any percentage of **your** practice includes Non-SEC Audit Engagements, (or check if not applicable:)

Business	%
Private Companies	
Government:	
ERISA/Pension Plan:	
Non-Profit:	
Other (describe below)	

Total: 100%

Business by Type	%
Manufacturing:	
Retail:	
Construction:	
Service:	
Government /School District:	
Hospital/Medical:	
Financial Institution:	
Non Profit	
Other (describe)	

Total: 100%

9. Do engagement letters contain an alternative disputes resolution or mediation clause? YES NO

In the past year have **you**:

10. other than Life Insurance or non-funded Trusts, performed any new assignments as a trustee? YES NO

11. performed any new assignments as an executor or administrator of an estate? YES NO

12. performed any new assignments where **you** have discretionary authority to manage, pay bills or invest clients' funds? YES NO

If the response to questions 10, 11 or 12 is "YES," please answer additional questions on the attached Trustee or Non-Discretionary Control supplements.

13. Other than collateral review services, have **you** provided any **professional services** to, acted as a director, officer, or served on an internal committee of a financial institution within the past year? YES NO

A financial institution is defined as an insurance company or insurance company holding company or affiliate thereof, a bank, credit union, savings and loan, savings Association, building association or other banking institution, bank holding company or affiliate thereof). If "yes", complete the Financial Institutions Supplement.

14. Do **you** have an employee dishonesty insurance policy or bond, which covers theft of client funds? YES NO

15. In the past year has any member of **your** firm had a professional license suspended or revoked? If "YES" please attach details. YES NO

16. For consideration of additional risk management premium credits, please provide the following:

a). Engagement letters are updated:

Annually for all engagements Annually for attest engagements As engagement changes Evergreen

Other : please explain: _____

b). There is a second person/partner review of:

All Services Tax services Attest Services

Other : please explain: _____

c). Client screening procedures:

New clients Existing clients Both

Other : please explain: _____

d). Use checklist (as approved by AICPA, PPC, other):

e). Use tax documentation automation software (CCH, Thomson, GruntWorx, other):

f). Use of other risk management procedures (please describe):

17. Within the past year, have any of **you** provided services to a client while acting as an officer, director, partner or manager of such client or have any of **you** or a spouse had or currently have an equity or financial interest in a client that is greater than 10%? YES NO

If "YES" to 17 above, complete the information below for each client:

Client:	Equity % Held:	Fees earned \$:	Position:	Services:	Disclosure of conflict:
					YES <input type="checkbox"/> NO <input type="checkbox"/>
					YES <input type="checkbox"/> NO <input type="checkbox"/>
					YES <input type="checkbox"/> NO <input type="checkbox"/>

18. Other than in connection with *personal tax returns*, within the past year have **you** sued to collect fees? YES NO

If "YES" to 18 above, provide information below for each client:

Client:	Fee amount:	Date of suit:	Services Rendered:	Status:

19 Other than in connection with activities as a receiver or trustee in bankruptcy, in the past year have **you** performed attest services for any of **your** business clients that have declared or filed for bankruptcy, defaulted on a bond issue, or failed subsequent to the rendering of such services? YES NO

If "YES" to 19 above, please provide details on a separate sheet.

20. Within the past year have **you** provided:

- a.) **Professional Services** to a Public Traded Company? YES NO
- b.) **Professional Services** in connection with securities offerings, registration or sale of securities? YES NO
- c.) Forecasts, projections, etc., to sellers or promoters of investments for inclusion in a prospectus or Securities sales literature? YES NO
- d.) Are **you** registered with the Public Company Accounting Oversight Board? YES NO

If "YES" to 20 a), b), c) or d) above, complete the entire Securities Supplement

- e.) **Professional Services** in connection with any investment syndication or tax shelter, including investment partnerships designed for tax shelters? YES NO

If "YES" to 20 e) above, please provide full details on a separate sheet

- 21. a.) Within the past year have any claims or incidents been notified to an insurance company or legal actions been brought against **you** alleging a failure to perform **professional services**? YES NO
- b.) After inquiry, do any of **you** for which coverage is requested, have knowledge of any act, error or omission, fee dispute, client bankruptcy, incident or other circumstance that is or could be the basis for a claim under this proposed insurance policy? YES NO

If "YES" to either 21 a) or b) above, complete the claims supplement for each claim or circumstance.

22. Limits of Liability and Deductible requested:

Limit of Liability	
Each Claim: \$ _____.	
Annual Aggregate: \$ _____.	
Separate Limit for Defense Expenses?	<input type="checkbox"/> <i>check</i>

Deductible	
Each Claim: \$ _____.	
Annual Aggregate: \$ _____.	
Deductible Applicable to Damages Only?	<input type="checkbox"/> <i>check</i>

REPRESENTATION: It is represented to **us**, that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should **we** evidence its acceptance of this application by issuance of a policy. The undersigned hereby authorize the release of claim information from any prior insurer to the insurer.

Except to such extent as may be provided otherwise in the policy, the policy for which application is being made is limited for **ONLY THOSE CLAIMS FIRST MADE AGAINST YOU** while the policy is in force.

APPLICANT FRAUD NOTICE

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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 policyholder 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 or an application 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: All Commercial Insurance Forms, Except As Provided for Automobile Insurance: 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 conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO NEW YORK APPLICANTS: Automobile Insurance Forms: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NOTICE TO NEW YORK APPLICANTS: Fire Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO TENNESSEE APPLICANTS: Workers Compensation: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO UTAH APPLICANTS: Workers Compensation: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ALL OTHER STATES APPLICANTS: Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.
(Fraud Language last updated 02/10)

I agree that signing this form will permit Jorgensen & Company as managers for **CPAGold™** or their agents to send emails relating to **your** coverage to the party identified in Item 1. of this application, and their designees.

Signature of Applicant* _____ Date: _____
Title: _____ Firm: _____

***SIGNING THIS FORM DOES NOT BIND YOU OR US TO COMPLETE THE INSURANCE.**

Agent: _____

Producer: _____

License Number: _____

**ACCOUNTANTS & CONSULTANTS PROFESSIONAL LIABILITY INSURANCE
APPLICATION - Personal Financial Planning Services Supplement**

1. Have **you** formed a separate business entity to provide Financial Planning Services: YES NO
If "YES", Please describe: _____

2. Do **you** secure separate errors & omissions coverage with your broker/dealer? YES NO

3. Do you desire coverage for these services? YES NO

4. Sources of income from Financial Planning and Investment Advisory Services:

	<u>Last year:</u>	<u>Current year:</u>
Fee based assets management including wrap-up fees:	\$ _____	\$ _____
Commissions and/or contingency fees:	\$ _____	\$ _____
Hourly fees and/or retainers:	\$ _____	\$ _____
Other compensation, referral fees or reciprocity*:	\$ _____	\$ _____

* Please describe: _____

5. Activity analysis:

- Referrals to Third Party investment advisors including broker/dealers: YES NO
- Preparation of written financial plans: YES NO
- Recommendation of individual mutual funds: YES NO
- Recommendation of individual stocks, bonds or other investments: YES NO
- Provide portfolio management services: YES NO
- Non-discretionary asset management: YES NO
- Discretionary asset management: YES NO
- Discretionary asset Management (ERISA): YES NO
- Place insurance coverage or annuities: YES NO
- Discretionary Authority to invest client funds (if "Yes", please describe): YES NO
- Other financial planning or investment advice (describe): YES NO

6. Broker/Dealer activities

Are **you** a registered representative/account executive for a broker/dealer? YES NO

Name of firm member: _____ Name of Broker/dealer: _____

7. Are **you** registered as an investment advisor? YES NO

Please specify: _____

8. Do **you** have any professional qualifications specific to financial planning? YES NO

Name of firm member: _____ Qualification: _____

9. Provide the value of total funds under asset/portfolio management: \$ _____ and # clients: _____
Provide the value of total funds with discretionary authority \$ _____ and # clients: _____

10. Do **you** invest client funds in limited partnerships or other investments in which **you** have a financial or other interest? YES NO

11. Do **you** require a signed engagement letter or contract updated annually describing the client's investment goals and the services **you** will perform? YES NO

If "NO", please explain: _____

Signature of Applicant: _____ Date: _____

**ACCOUNTANTS & CONSULTANTS PROFESSIONAL LIABILITY INSURANCE
APPLICATION - Trustee Services Supplement:**

1. Please provide the following information for each Trust. DO NOT complete a supplement for Life Insurance Trusts and/or Non-funded Trusts.

Name of Trustee		Name of Trust		
Date of Appointment	Trust Assets	Annual Trust Income	# Of beneficiaries	Type of Trust
	\$	\$		

2. Is there a written Trust Agreement or other form of engagement letter in place where the duties/authorities of the Trustee are clearly stated? YES NO

If "NO", please explain: _____

3. Services, (please check applicable boxes): bookkeeping bill payment tax return preparation
Please provide details of any other professional services rendered: _____

4. Revenue for Trustee Services is included in the total gross revenues stated YES NO
If the response is "no", please explain: _____

5. The fee arrangement for the Trust is determined by:
Trust Agreement Direct billing to Trust Other (describe): _____

6. Does the Trustee engage in any of the following activities:
Use of Trust funds to invest in entities in which the Trustee, **you** or a related individual have an interest or management role? YES NO

If "YES", please explain: _____
Employment (other than professional services) by the Trust of **you** or **your** associates? YES NO

If "YES", please explain: _____
Use of Trust funds as loans to the Trustee, **your** owners or employees? YES NO

If "YES", please explain: _____
Delegation of any Trustee duties to others? YES NO

If "YES", please describe the procedures in place to monitor the acts of others performing Trustee Services: _____

7. Please answer the following questions in regard to discretionary authority:
Do **you** have discretionary authority to make individual securities investments on behalf of the Trust? YES NO

If "YES", please explain: _____

Do **you** employ the services of a professional money manager or investment adviser? YES NO

If "NO", please explain: _____

If applicable, are all investment goals and portfolio composition described in the Trust agreement? YES NO

If "NO", please explain: _____

Signature of Applicant: _____ Date: _____

**ACCOUNTANTS & CONSULTANTS PROFESSIONAL LIABILITY INSURANCE
APPLICATION - Non-Trustee Discretionary authority/control of client funds
Supplement:**

1. Please provide the following information for each client where **you** provide business management service or have discretionary authority to handle client funds (*use a separate sheet if necessary*).

<i>Name of Client:</i>		<i>Client's Business or Profession:</i>		
Date of Appointment:	Client Assets:	Amount of client funds controlled:		
	\$	\$		

Please describe specific duties:

2. Would **you** consider any of these clients an 'entertainment or 'sports personality'? YES NO
If YES, please describe:

3. Do **you**:
- a. Use a dual signature control procedure on disbursement of funds? YES NO
 - b. Ensure all client bank accounts are reconciled by someone other than the firm personnel authorized to deposit or withdraw from the client's account? YES NO
If "NO", please describe: _____
 - c. Receive compensation based on any method other than hourly fees? YES NO
If "YES", please describe: _____

4. Please answer the following questions in regard to discretionary authority:
- a. Do **you** have discretionary authority to make individual securities or other investments on behalf of the client? YES NO
If "YES", please explain: _____
 - b. Do **you** employ the services of a professional money manager or investment adviser? YES NO
If "YES", please explain: _____
 - c. If applicable, are all investment goals and portfolio composition described in the engagement letter? YES NO
If, please explain: _____

5. Please answer the following questions in regard to Employee Dishonesty Insurance:
- a. Do **you** maintain an employee dishonesty policy in connection with discretionary authority engagements? YES NO
If yes to the above, please answer questions 5b and 5c: _____
 - b. Is the coverage endorsed on your firm's business owners' policy, (BOP), package? YES NO
 - c. Does **your** firm have a separate policy form for employee dishonesty coverage? YES NO

***If separate coverage is maintained please attach a copy of the policy declarations page for employee dishonesty coverage.*

Signature of Applicant: _____ **Date:** _____



ACCOUNTANTS & CONSULTANTS PROFESSIONAL LIABILITY INSURANCE APPLICATION

IDENTITY THEFT SUPPLEMENT

Name of firm: _____

- 1. Do you have a physical backup system (tape or disk) for electronic client files? YES NO
2. Do you have a formal procedure for destroying or archiving old client files? YES NO

Describe: _____

- 3. Do you have a formal policy regarding the security of client files removed from the office? YES NO
4. Are all partners and staff advised of your formal policy regarding data security? YES NO
5. Do you use laptops or portable media devices to transport or remotely work on client files? YES NO
6. Are all client files contained on laptops or portable media devices encrypted? YES NO

Describe: _____

- 7. Are all servers or network computers "firewall" protected against outside access? YES NO
8. Do you have a formal procedure for the disposal of obsolete computers or hard drives? YES NO

Describe: _____

- 9. Are all partners and staff advised of the obligations to secure client privacy? YES NO
10. Do you have a client notification system in the event of loss or theft of personal records? YES NO
11. In the past five years have any client records in your custody or control been lost or stolen? YES NO

Describe: _____

- 12. How frequently are passwords changed?
13. Do you undertake security background checks for new employees? YES NO
14. Are passwords and network access immediately revoked for terminated employees? YES NO
15. How many of your staff have access to your computer network?
16. Do you monitor and log access to your computer network? YES NO
17. What firewall software do you use on your computer network?
18. Are all firewalls and firewall software current and regularly updated? YES NO

Describe: _____

Signature of Applicant: _____ Date: _____