



**APL InNAVation(sm)  
ACCOUNTANT'S PROFESSIONAL LIABILITY  
APPLICATION**

(THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY)

1. NAME OF FIRM.....

2. ADDRESS: .....

(a) ADDRESSES OF BRANCH OFFICES: .....

(b) A PARTNER OR OFFICER IS IN FULL TIME ATTENDANCE AT EACH BRANCH OFFICE EXCEPT (PLEASE STATE): .....

4. THE APPLICANT IS A INDIVIDUAL .....  
PARTNERSHIP .....  
CORPORATION .....  
OTHER (DESCRIBE) .....

5. WHEN WAS THE FIRM ESTABLISHED? .....

6. DURING THE PAST FIVE YEARS, HAS THE NAME OF THE FIRM BEEN CHANGED, OR HAS ANY OTHER FIRM BEEN PURCHASED, MERGED OR CONSOLIDATED WITH THE APPLICANT'S?  
YES ( ) NO ( )

7. (a) GIVE THE NAMES OF OWNERS, PARTNERS OR OFFICERS, THEIR TITLES AND PROFESSIONAL ASSOCIATION OF WHICH THEY ARE MEMBERS, AND YEARS IN PRACTICE:

<u>NAME</u>	<u>TITLE</u>	<u>PROFESSIONAL ASSOCIATIONS</u>	<u>YEARS IN PRACTICE</u>
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(b) LIST THE TOTAL NUMBERS OF:

- a. Principals, Partners or Officers .....
- b. Other CPA's, Public Accountants and Accountants .....
- c. Bookkeepers, Per diem, contract and part time Personnel .....
- d. Lawyers, Software Consultants, Investment Advisors.....
- e. Other Professional Service Provides .....
- f. Total staff including principals, partners and Officers .....

8. HAVE ANY OF THOSE LISTED IN QUESTION 7 EVER BEEN THE SUBJECT OF DISCIPLINARY PROCEEDINGS OR REPRIMAND BY ANY COURT, ADMINISTRATIVE AGENCY OR PROFESSIONAL ASSOCIATION AS A RESULT OF THEIR PROFESSIONAL ACTIVITIES?

YES ( ) NO ( )

IF "YES", GIVE PARTICULARS .....

.....  
.....

9. (a) APPLICANT'S TOTAL GROSS BILLING LAST FISCAL YEAR \$

(b) APPLICANT'S ESTIMATED GROSS BILLINGS NEXT FISCAL YEAR \$

(c) GROSS BILLING RECEIVED FROM: NATURE OF BUSINESS

- 1. Largest Client \$.....%
- 2. Second Largest \$.....%

10. DOES THE FIRM, OR ANY OF ITS OWNERS, PARTNERS OR OFFICERS WHOLLY OR PARTLY OWN, OPERATE OR MANAGE ANY OTHER FIRM, ORGANIZATION OR CORPORATION FOR WHICH IT RENDERS PROFESSIONAL SERVICES?

YES ( ) NO ( )

IF "YES", GIVE FULL PARTICULARS, .....

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11. STATE THE PERCENTAGE OF GROSS BILLINGS DERIVED FROM EACH OF THE FOLLOWING TYPES OF ENGAGEMENTS:

- A. AUDIT ENGAGEMENTS:
  - PUBLIC COMPANY AUDITS .....%
  - BANKS AUDIT ..... %
  - SAVINGS AND LOAN AUDIT ..... %
  - FINANCIAL INSTITUTIONS AUDIT ..... %
  - GOVERNMENTAL AUDITS .....%
  - ALL OTHERS (DESCRIBE) ..... %
- B. PREPARATION OF REVIEW STATEMENTS ..... %
- C. BOOKKEEPING COMPILATION AND WRITE-UP SERVICES ..... %
- D. TAX WORK ..... %
- E. INVESTMENT ADVICE INCLUDING TAX SHELTER ADVICE ..... %
- F. ACQUISITION EVALUATION AND PROJECTIONS ..... %
- G. FINANCIAL PLANNING ..... %
- H. FIDUCIARY:
  - ADMINISTRATOR, EXECUTOR OR ERISA TRUSTEE ..... %
  - BANKRUPTCY TRUSTEE OR RECEIVER ..... %
  - OTHER TRUSTEES ..... %
  - RECEIVING OR DISBURSING CLIENTS FUNDS ..... %
- I. MANAGEMENT ADVISORY SERVICES (DESCRIBE) .....%
- J. ELECTRONIC DATA PROCESSING & CONSULTATION ..... %
- K. SEC OR "BLUE SKY" SECURITIES ACTIVITY (PLEASE SPECIFY) .....%
- L. SARBANES OXLEY CONSULTING SERVICES .....%
- M. PROFESSIONAL SERVICES FOR ANY PUBLICLY TRADED COMPANY .....%

12. DOES APPLICANT OR ANY MEMBER OF APPLICANT'S STAFF:

- A. ORGANIZE OR ARRANGE TAX SHELTERS, REAL ESTATE INVESTMENTS OR OTHER INVESTMENT VENTURES?  
YES ( ) NO ( )
- B. RECEIVE ANY COMMISSION, FINDERS FEES, RECIPROCITY OR PARTICIPATION FROM SELLERS OR PROMOTERS OF AN INVESTMENT OR TAX SHELTER, SECURITIES OR INSURANCE?  
YES ( ) NO ( )
- C. ACT AS MANAGER OR GENERAL PARTNER OF ANY INVESTMENT SYNDICATE OR LIMITED PARTNERSHIP?  
YES ( ) NO ( )

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- D. PARTICIPATE IN THE MANAGEMENT OF ANY INVESTMENT SYNDICATE OR LIMITED PARTNERSHIP, TAX SHELTER OR OTHER INVESTMENT VENTURE?  
YES ( ) NO ( )
- E. MAINTAIN A SYSTEM TO INSURE TIMELY COMPLETION OF ENGAGEMENTS, REPORTS AND RETURNS?  
YES ( ) NO ( )
- F. PERFORM SERVICES FOR ANY CLIENTS THAT ARE PROFESSIONAL ENTERTAINERS OR IN THE PROFESSIONAL SPORTS BUSINESS? IF "YES", PLEASE LIST ON A SEPARATE SHEET.  
YES ( ) NO ( )
- G. PERFORM SERVICES FOR ANY CLIENT IN WHICH ANY MEMBERS OF THE APPLICANT AND HIS/HER RELATIVES OWNS AN EQUITY OR FINANCIAL INTEREST OR SERVE AS AN OFFICER, DIRECTOR, TRUSTEE OR PARTNER?  
YES ( ) NO ( )  
IF "YES", PLEASE LIST ON A SEPARATE SHEET.
- H. WHOLLY OR PARTLY OWN, OPERATE OR MANAGE ANY OTHER FIRM, ORGANIZATION OR CORPORATION FOR WHICH IT RENDERS PROFESSIONAL SERVICES?  
YES ( ) NO ( )  
IF "YES", LIST ON A SEPARATE SHEET.
- I. INVEST ANY CLIENT'S FUNDS OR HAVE DISCRETIONARY CONTROL OF ANY CLIENTS FUNDS?  
YES ( ) NO ( )
- J. IS THE APPLICANT OF ANY MEMBER OF THE APPLICANT'S FIRM:
- |                                     |         |        |
|-------------------------------------|---------|--------|
| 1. A LAWYER?                        | YES ( ) | NO ( ) |
| 2. A REAL ESTATE AGENT/BROKER?      | YES ( ) | NO ( ) |
| 3. A SECURITIES BROKER/DEALER?      | YES ( ) | NO ( ) |
| 4. AN INSURANCE AGENT/BROKER?       | YES ( ) | NO ( ) |
| 5. A REGISTERED INVESTMENT ADVISOR? | YES ( ) | NO ( ) |
| 6. A REGISTERED REPRESENTATIVE?     | YES ( ) | NO ( ) |
- K. ON ALL ENGAGEMENTS WHERE APPLICANT IS ASSOCIATED WITH FINANCIAL STATEMENTS, INCLUDING COMPILATIONS:
1. DOES FIRM REQUIRE ENGAGEMENT LETTER STIPULATING NATURE AND SCOPE OF WORK TO BE PERFORMED?  
YES ( ) NO ( )
2. IS ENGAGEMENT LETTER UPDATED ANNUALLY OR AS ENGAGEMENT CHANGES?  
YES ( ) NO ( )
13. PLEASE LIST BY PERCENTAGE THE TYPES OF CLIENTS THE FIRM PROVIDES SERVICES:
- |                       |         |                |         |
|-----------------------|---------|----------------|---------|
| NON-PROFIT/ CHARITIES | _____ % | SMALL BUSINESS | _____ % |
| CORPORATE             | _____ % | LLC, LLP, GP   | _____ % |
| GOVERNEMENT           | _____ % | INDIVIDUALS    | _____ % |

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14. LIST THE NAMES AND DETAILS OF YOUR ERRORS AND OMISSIONS (CLAIMS AND CIRCUMSTANCES) CARRIER FOR THE PAST 3 YEARS:

<u>YEAR</u>	<u>CARRIER</u>	<u>LIMIT</u>	<u>DEDUCTIBLE</u>	<u>PREMIUM</u>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

15. HAS ANY APPLICATION FOR SIMILAR INSURANCE ON BEHALF OF THE FIRM, OR ANY OF ITS OWNERS, PARTNERS OR OFFICERS, OR TO THE KNOWLEDGE OF THE NAMED FIRM, ON BEHALF OF ITS PREDECESSORS IN BUSINESS, EVER BEEN CANCELLED, DECLINED OR RENEWAL REFUSED?

YES ( ) NO ( )

IF "YES", GIVE FULL PARTICULARS .....  
.....

16. HAVE ANY CLAIMS BEEN MADE DURING THE PAST AGAINST THE FIRM, OR ANY OF ITS PAST OR PRESENT OWNERS, PARTNERS, OFFICERS OR EMPLOYERS, OR ITS PREDECESSORS IN BUSINESS? YES ( ) NO ( )

IF "YES", GIVE FULL PARTICULARS, INCLUDING NAME OF CLAIMANT, DATES, AMOUNTS OF CLAIM, DEDUCTIBLE AND PAYMENT MADE:

.....  
.....  
.....

17. AFTER INQUIRY DOES THE FIRM , PREDESESSORS IN BUSINESS OR ANY OTHER INSURED AWAREOF ANY ACTUAL OR ALLEDES ACT, ERROR, OMISSION OR CIRCUMSTANCES, WHICH MAY RESULT IN A CLAIM BEING MADE AGAINST THE FIRM OR ANY OF ITS PAST OR PRESENT OWNERS, PARTNERS, OFFICERS, EMPLOYEES OR PREDECESSORS IN BUSINESS? YES ( ) NO ( )

IF YES, ATTACH A STATEMENT GIVING FULL PARTICULARS.

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18. STATE ANNUAL AGGREGATE LIMIT OF LIABILITY DESIRED \$.....  
 STATE POLICY EXCESS (EACH & EVERY CLAIM) DESIRED \$ .....

I/WE HEREBY DECLARE THAT THE ATTACHED STATEMENTS AND PARTICULARS ARE IN ALL RESPECTS TRUE AND ARE MATERIAL TO THE ISSUANCE OF INSURANCE HEREIN AND THAT I/WE HAVE NOT OMITTED OR SUPPRESSED OR MIS-STATED ANY FACTS AND I/WE AGREE THAT THIS PROPOSAL FORM SHALL BE THE BASIS OF THE CONTRACT AND SHALL BE DEEMED A PART OF THE POLICY AS IF ANNEXED THERETO. SIGNATURE OF THIS FORM DOES NOT BIND THE FIRM OR THE UNDERWRITERS TO COMPLETE THE INSURANCE.

**Fraud Warning:** 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 and subjects such person to criminal and civil penalties. **Arkansas, Louisiana, New Mexico and West Virginia Fraud Warning:** Any person who knowingly presents a false or fraudulent claim for payment for 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. **Colorado and Virginia 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 benefits, and/or civil damages. In Colorado, 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 claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department or regulatory agencies. **District of Columbia 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. **Florida Fraud Warning:** 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. **Kentucky Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and civil penalties. **Maine and Tennessee Fraud Warning:** 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. **Minnesota Fraud Warning:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. **New Jersey Fraud Warning:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **New York Fraud Warning:** 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 violation. **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. **Ohio Fraud Warning:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or

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files a claim containing a false or deceptive statement is guilty of insurance fraud. **Oregon Fraud Warning:** 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 may be a crime. **Pennsylvania Fraud Warning:** 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. **Washington Fraud Warning:** 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.

NAME OF FIRM .....

BY .....

Owner, Partner or Officer  
(Must be Signed)

DATE .....

TITLE .....

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