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APPLICATION FOR ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE
(Claims Made and Reported Basis)

1. (a) Name of Applicant / Firm: _____
 (b) Address: _____
 City: _____ County: _____ State: _____ Zip Code: _____
 Email address: _____ Website: _____ Business Phone: _____
 (c) List all branch offices on a separate sheet and include a breakdown of the staff per question 4. at each location.

2. (a) Firm's practice is: [] Full time (more than 30 hours per week) [] Part time
 If part-time, provide name of other employer and position held: _____
 (b) Date current Firm established: _____

3. If the name of the Firm has ever changed, or if there has been a consolidation, dissolution or change in business structure, provide a detailed listing of each firm in chronological order, indicating the date and nature of each change (i.e., merger, name changes). Without direct lineage, the current Firm will not be considered to have a predecessor. Only those predecessor firms listed will be eligible for coverage consideration. Firms that are accepted for coverage will be listed on the Policy.

Name of Predecessor or Firm(s)	Date Established	Nature of Change
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Total Staff (include branch offices)

(a) List all owners, partners, officers and CPAs: (Attach a separate sheet, if necessary.)

	Name	Position Code*	Licenses Held	Years in Practice	Length of Time with Firm	Professional Organizations
(1)	_____	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____	_____
(3)	_____	_____	_____	_____	_____	_____
(4)	_____	_____	_____	_____	_____	_____
(5)	_____	_____	_____	_____	_____	_____
(6)	_____	_____	_____	_____	_____	_____

*Position Codes

O-Owners, Shareholders or Directors of the Corporation
 P-Partners in a Partnership

S-Sole Practitioner

E-CPA Employee

D-Per diem CPAs employed by the firm

Full Time

Part Time

(b) Non-CPA employees providing accounting services whose time is billable to clients:

(c) Other employees including clerical and non-accounting employees:

5. (a) Does the Firm currently carry professional liability insurance?[] Yes [] No

If **Yes**, provide details of insurance history below or on a separate sheet:

Insurance Company	Policy Period	Limit of Liability	Deductible	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(b) RETROACTIVE DATE ON CURRENT POLICY: _____ (month/day/year)

(c) Has the applicant, predecessor in business or any person for whom coverage is requested had professional liability coverage declined, canceled, rescinded or non-renewed?[] Yes [] No

If **Yes**, attach a copy of such insurer's notice. **MISSOURI APPLICANTS – DO NOT ANSWER**

6. Gross fees are to be reported below on a cash basis. Gross fees are defined as the exact dollar amount of gross income, including fees paid to consultants, but not including interest, rental income, or direct recovery of expenses.

Second to Last Fiscal Year	Immediate Past Fiscal Year	Projection for Current Year
From: _____ (mo/yr)	From: _____ (mo/yr)	From: _____ (mo/yr)
To: _____	To: _____	To: _____
Gross Fees \$ _____	Gross Fees \$ _____	Gross Fees \$ _____

7. What percentage of services are covered by signed engagement letters stipulating the nature and scope of work to be performed? _____%

8. Provide the approximate percentage of billings generated in the last year by each of the following types of engagements, and if signed engagement letters are used with such services. (Note: Total must equal 100%.)

Services	Percentage of Billings	Engagement Letter Always Used	Services	Percentage of Billings	Engagement Letter Always Used
(a) Audits (Type of Clients)			(f) Tax:		
Agricultural		[] Yes [] No	Business		[] Yes [] No
Construction		[] Yes [] No	Individual		[] Yes [] No
Cooperative*		[] Yes [] No	Estate		[] Yes [] No
Financial Institutions		[] Yes [] No	Other (Describe):		[] Yes [] No
Government/Municipal/Nonprofit		[] Yes [] No	(g) Fiduciary & Trustee***		[] Yes [] No
Insurance Companies		[] Yes [] No	(h) Financial Planning**		[] Yes [] No
Manufacturing/Retail		[] Yes [] No	(i) EDP Consulting		[] Yes [] No
Pension		[] Yes [] No	(j) Development of Computer Software**		[] Yes [] No
Other (Describe):		[] Yes [] No	(k) Forecasts & Projections		[] Yes [] No
(b) Review		[] Yes [] No	(l) Litigation Support		[] Yes [] No
(c) Compilation/Write Up		[] Yes [] No	(m) Assurance Services**		[] Yes [] No
(d) Bookkeeping		[] Yes [] No	(n) Other (Describe):		[] Yes [] No
(e) Payroll		[] Yes [] No			[] Yes [] No

* Attach a description of cooperative clients (real estate, oil & gas, etc.) and an approximation of asset value.

** Provide a detailed description of these services on a separate sheet.

*** Complete a Fiduciary and Trustee Supplement.

9. Provide the approximate percentage of billings generated in the last year by each of the following types of clients. (Note: Total must equal 100%.)

Type of Client	Percentage of Billings	Type of Client	Percentage of Billings
Construction		Insurance Agency	
Entertainment/Professional Athletes*		Insurance Company	
Estate/Trust		Manufacturing	
Factoring Company		Non Profit	
Financial Institution		Real Estate Developers	
Government**		Retail	
Health Care Organizations		Unions	
Health Care Professionals		Other (Describe):	
Individuals			

* Provide the names and occupations of the client(s) and detail of the services provided.

** Provide the branch of the government and the type of services provided, including the purpose of the service.

10. Provide information on the Firm's two clients generating the highest percentage of fees in the last year.
- Percentage from Largest Client _____ Percentage from 2nd Largest Client _____
- Client Industry _____ Client Industry _____
- Services Performed _____ Services Performed _____
- 11 (a) Is the Firm or any member of the Firm licensed or operating as the following: Lawyer[] Yes [] No
Investment Advisor.....[] Yes [] No
Escrow Agent.....[] Yes [] No
Insurance Agent/Broker..[] Yes [] No
- (b) Is any revenue earned from the above professions?[] Yes [] No
- (c) Under what firm name are such services provided? _____
- (d) Do any accounting clients also receive the other professional services?[] Yes [] No
- (e) Is a separate professional liability policy purchased for the above professionals?[] Yes [] No
If **Yes**, provide name of insurer and limit of liability: _____
12. Has the Firm ever provided accounting services to a Financial Institution or an Insurance Company? .[] Yes [] No
If **Yes**, complete a Financial Institutions and Insurance Companies Supplement.
13. Has the Firm ever provided professional services:
- (a) To a publicly traded company?[] Yes [] No
- (b) Used in conjunction with issuance, offering or sale of securities?[] Yes [] No
- (c) To clients who are subject to SEC periodic reporting requirements or whose securities are registered with the SEC?[] Yes [] No
- If **Yes** to ANY of the above, complete a Public Client and SEC Services Supplement.
14. (a) Does the Firm delegate work to other accounting firms?[] Yes [] No
- (b) Has the Applicant performed professional services as a subcontractor or per diem accountant for other accounting firms?[] Yes [] No
- If **Yes** to ANY of the above, provide details including the name(s) of other accounting firm(s), nature of work and percentage of Firm's billings: _____
-
15. Has the Firm or any predecessor in business or any enterprise wholly or partially owned by the Firm or by the Firm's principals, partners, directors, or officers ever:
- (a) Received commissions, fees, reciprocity, or revenues for the sale or promotion of investments? [] Yes [] No
- (b) Organized, arranged or procured investments or real estate?[] Yes [] No
- (c) Prepared projections for use in any prospectus, offering or sales material?[] Yes [] No
- (d) Made recommendations as to the sale or purchase of specific stocks, bonds or other investments?[] Yes [] No
- If **Yes** to ANY of the above, attach a statement providing details.

16. Has the Firm or any member of the Firm disbursed, received, invested or in any way acted in a decision-making capacity with respect to client funds within the last 5 years?[Yes [No
If **Yes**, complete a Fiduciary and Trustee Supplement.
17. Has the Firm or any member of the Firm provided professional services for any client in which any Firm member or their relatives:
- (a) Serves/d as an officer, director, trustee or partner?[Yes [No
(b) Owns/ed an equity or financial interest?[Yes [No
If **Yes** to ANY of the above, provide the following information:

Client	Type of Business	Equity Percentage	Positions Held	Services Rendered	Annual Fees

18. (a) Does the Firm wholly or partly own, operate, manage or control any other enterprise or is the Applicant wholly or partly owned, managed or controlled by any other enterprise?[Yes [No
(b) Has any member of the Firm participated in outside business ventures with, provided loans to, or received loans from any client?[Yes [No
If **Yes** to ANY of the above, attach a statement providing details.
19. (a) Does the Firm have a written quality control document?[Yes [No
(b) Does the Firm use written procedure manuals?[Yes [No
(c) Does the Firm have a written system for screening and evaluating new clients?[Yes [No
If **No** to any ANY of the above, describe what procedures and systems are used on a separate sheet.
20. Have any claims involving professional services ever been made against the Firm, its predecessor(s) in business or any other person for whom coverage is requested?[Yes [No
If **Yes**, complete a Supplemental Claim Information form or attach a statement providing details.
21. After inquiry, does the Firm, its predecessor(s) in business or any other person for whom coverage is requested, have knowledge of any actual or alleged fact, circumstance, situation, incident or allegation of negligence or wrongdoing, which may result in a claim being made against them or any other basis to reasonably anticipate a claim being made against them?[Yes [No
If **Yes**, complete a Supplemental Claim Information form or attach a statement providing details.
22. Has the Firm, its predecessor(s) in business or any other person for whom coverage is requested, ever reported a potential claim to a professional liability insurance company?[Yes [No
If **Yes**, complete a Supplemental Claim Information form or attach a statement providing details.
23. If **Yes** to question 20., 21., or 22., state what actions the Firm has taken to prevent a similar claim/circumstance in the future.
24. Has the Firm, its predecessor(s) in business or any other person for whom insurance is requested ever been the subject of a complaint to or disciplinary action or reprimand by any state board of accountancy (or equivalent); the S.E.C.; the I.R.S.; any governmental regulatory or tax authority; federal, state, local court; any state or national accounting society?[Yes [No
If **Yes**, attach a statement providing details.
25. (a) Has the Firm filed any suit for the collection of fees during the last 5 years?[Yes [No
If **Yes**, attach a statement providing details.
(b) Has the Firm adopted a policy against filing suit for fees?[Yes [No
26. (a) Has the Firm provided audit, review or compilation services within the last 5 years to clients who subsequently entered into bankruptcy or receivership?[Yes [No
(b) Is the Firm aware of any current audit, review or compilation clients who are contemplating bankruptcy?[Yes [No
If **Yes** to ANY of the above, attach a statement providing details.
27. Provide the number of professionals who attended a loss control seminar or who completed a loss control course within the last 3 years: _____ In order to receive a loss control credit, attach documentation of program completion and a list of individuals who participated.

28. (a) Has the Firm had a quality review under sponsorship of the AICPA, a state society or any other professional association?[Yes [No
 (b) Were results unqualified?[Yes [No
 (c) Date of last review: _____

Firms that have successfully completed a quality review are eligible for premium credit. Attach a copy of the opinion, the letter of comments and the Firm's response, if premium consideration is requested.

29. Attach any literature that describes the Firm's capabilities and practice, including resumes, brochures and promotional materials provided to prospective clients.

NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY

No fact, circumstance, situation or incident indicating the probability of a claim or action for which coverage may be afforded by the proposed insurance is now known by any person(s) or entity(ies) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there be knowledge of any such fact, circumstance, situation or incident, any claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

The policy applied for is SOLELY AS STATED IN THE POLICY, if issued, which provides coverage on a claims made basis for ONLY THOSE "CLAIMS" THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD, unless the extended reporting period option is exercised in accordance with the terms of the policy. The policy has specific provisions detailing claim reporting requirements.

The underwriting manager, Company and/or affiliates thereof are authorized to make any inquiry in connection with this application. Signing this application does not bind the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application and all previous applications and material changes thereto of which the underwriting manager, Company and/or affiliates thereof receives notice is on file with the underwriting manager, Company and/or affiliates thereof and is considered physically attached to and part of the policy if issued. The underwriting manager, Company and/or affiliates thereof will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the underwriting manager, Company and/or affiliates thereof, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

REPRESENTATION

I/We represent to the Company, that I/we understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.

Notice to Florida Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

The application must be signed by an owner, partner, principal or shareholder within 60 days of the proposed effective date.

Signature of Applicant

Date

Name of Applicant (Please Print)

Title

SIGNING THIS FORM OR TENDERING PREMIUM WITH THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE. Application must be signed and dated to be considered for quotation.

PRODUCED BY (Insurance Agent or Broker):	
Producer Name: _____	Producer Signature: _____
Producer License No.: _____	Date: _____

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 Maryland Applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 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 Oregon Applicants: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

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 Tennessee and 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 Applicants of all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or 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 civil penalties.