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

Current Policy Number: _____ Expiration Date: _____ Producer No.: _____

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. If the Applicant has changed the name of the Firm, merged with or acquired another firm within the last 12 months, please provide full details including professional liability insurance history of merged or acquired firm(s).
 No Change: Absence of details represents no change.

3. 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.

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

4. Total Staff:
 - (a) Owners, officers, partners & CPA's: _____
 - (b) Per Diem CPA's _____
 - (c) Non-CPA employees providing accounting services (full time) _____
 - (d) Non-CPA employees providing accounting services (part time) _____
 - (e) Other employees including clerical and non-accounting (full time) _____
 - (f) Other employees including clerical and non-accounting (part time) _____
5. During the last 12 months, has the Firm or any member of the Firm 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.

6. Within the last 12 months, has the Firm or any member of the Firm become licensed or begun operating as the following:

| | |
|---|---|
| Lawyer [] Yes [] No | Escrow Agent [] Yes [] No |
| Investment Advisor [] Yes [] No | Insurance Agent/Broker [] Yes [] No |

If **Yes** to ANY of the above, attach details on services provided, revenues earned, details of professional liability insurance for this practice and advise whether or not accounting clients also receive these services.

7. Within the last 12 months, has the Firm or any member of the Firm provided accounting services to a Financial Institution or an Insurance Company? [] Yes [] No
 If **Yes**, complete a Financial Institutions and Insurance Companies Supplement.

8. Within the last 12 months, has the Firm, its predecessor(s) in business or any other person for whom insurance is requested been the subject of a complaint to or disciplinary action or reprimand by any state board of accountancy (or equivalent); the SEC; the IRS; 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.
9. Within the last 12 months, 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: Name of client, type of business, equity percentage, position(s) held, services rendered, and gross billings for the last fiscal year.
10. Provide the approximate percentage of billings generated in the last year by each of the following types of engagements. (Note: Total must equal 100%.)

| Services | Percentage of Billings | Services | Percentage of Billings |
|-------------------------------------|------------------------|---|------------------------|
| (a) Audits (Type of Clients) | | (f) Tax: | |
| Agricultural | | Business | |
| Construction | | Individual | |
| Cooperative* | | Estate | |
| Financial Institutions | | Other (Describe): | |
| Government/Municipal/ Nonprofit | | (g) Fiduciary & Trustee*** | |
| Insurance Companies | | (h) Financial Planning** | |
| Manufacturing/Retail | | (i) EDP Consulting | |
| Pension | | (j) Development of Computer Software** | |
| Other (Describe): | | (k) Forecasts & Projections | |
| (b) Review | | (l) Litigation Support | |
| (c) Compilation/Write Up | | (m) Assurance Services** | |
| (d) Bookkeeping | | (n) Other (Describe): | |
| (e) Payroll | | | |

* 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.

11. Within the last 12 months, has the Firm or any member of the Firm received commissions or fees from the sale, promotion, organization or management of any investment venture? [] Yes [] No
If **Yes**, attach full details that include the name of the venture and the nature of the services provided.
12. Within the last 12 months, has the Firm had a quality review under sponsorship of the AICPA, a state society or any other professional association? [] Yes [] No
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.
13. Provide the number of professionals who attended a loss control seminar or who completed a loss control course within the last 12 months: _____. In order to receive a loss control credit, attach documentation of program completion and a list of individuals who participated.
14. 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.

NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY

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.

This renewal application, information submitted with this renewal 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 renewal application and all such attachments in issuing the policy. If the information in this renewal 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.