

SERFF Tracking Number: HART-125911271 State: Arkansas
 Filing Company: Twin City Fire Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: FN.13HS.500.2008.01
 TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0019 Professional Errors & Omissions Liability
 Product Name: ACCOUNTANTS PROFESSIONAL LIABILITY
 Project Name/Number: ACCOUNTANTS PROFESSIONAL LIABILITY /FN.13HS.500.2008.01

Filing at a Glance

Company: Twin City Fire Insurance Company

Product Name: ACCOUNTANTS
PROFESSIONAL LIABILITY

SERFF Tr Num: HART-125911271 State: Arkansas

TOI: 17.0 Other Liability-Occ/Claims Made

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Co Tr Num: FN.13HS.500.2008.01

State Status: Fees verified and received

Filing Type: Form

Co Status: Initial Filing

Reviewer(s): Betty Montesi, Edith Roberts

Author: Elsie Rodriguez

Disposition Date: 12/11/2008

Date Submitted: 12/05/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: ACCOUNTANTS PROFESSIONAL LIABILITY

Status of Filing in Domicile: Pending

Project Number: FN.13HS.500.2008.01

Domicile Status Comments: Recently filed in domicile state.

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 12/11/2008

State Status Changed: 12/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

OTHER LIABILITY - ACCOUNTANTS PROFESSIONAL LIABILITY

MISCELLANEOUS FORMS FILING

Attached for your review and approval are additional forms to be used with the above program.

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Company and Contact

Filing Contact Information

Elsie Rodriguez, Comm Lines Specialty ecrodriquez@thehartford.com
 Account Analyst
 Hartford Plaza T-18-87 (860) 547-2485 [Phone]
 Hartford, CT 06115 (806) 547-3838[FAX]

Filing Company Information

Twin City Fire Insurance Company CoCode: 29459 State of Domicile: Indiana
 Hartford Plaza Group Code: 91 Company Type: Property
 Hartford, CT 06115 Group Name: State ID Number:
 (860) 547-5000 ext. [Phone] FEIN Number: 06-0732738

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 50 FLAT FEE FOR FORMS
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Twin City Fire Insurance Company	\$50.00	12/05/2008	24357286

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	12/11/2008	12/11/2008

SERFF Tracking Number: *HART-125911271* *State:* *Arkansas*
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TOI: *17.0 Other Liability-Occ/Claims Made* *Sub-TOI:* *17.0019 Professional Errors & Omissions*
Liability

Product Name: *ACCOUNTANTS PROFESSIONAL LIABILITY*
Project Name/Number: *ACCOUNTANTS PROFESSIONAL LIABILITY /FN.13HS.500.2008.01*

Disposition

Disposition Date: 12/11/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	EXPLANATORY MEMORANDUM	Approved	Yes
Supporting Document	FORMS LIST	Approved	Yes
Supporting Document	FORM COMPARISON	Approved	Yes
Form	Accountants Professional Liability Application	Approved	Yes
Form	Accountants Professional Liability Renewal Application	Approved	Yes
Form	Financial Planning & Investment Advisory Endorsement	Approved	Yes
Form	Financial Planning & Investment Advisory Services Supplement	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Accountants Professional Liability Application	AC 00 H001 01 1208		Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 AC 00 H001 00 0805 Previous Filing #: FN.13HS.500.20 06.01		AC00H0010 1.pdf
Approved	Accountants Professional Liability Renewal Application	AC 00 H040 00 1208		Application/ New Binder/Enrollment		0.00	AC00H040.p df
Approved	Financial Planning & Investment Advisory Endorsement	AC 00 H041 00 1208		Endorsement/ New Amendment/Conditions		0.00	AC00H041.p df
Approved	Financial Planning & Investment Advisory Services Supplement	AC 00 H042 00 1208		Endorsement/ New Amendment/Conditions		0.00	AC00H042.p df



Name of Insurance Company to which Application is made

ACCOUNTANTS PROFESSIONAL LIABILITY APPLICATION

This is an application for a CLAIMS-MADE AND REPORTED Policy

If a policy is issued this application will attach to and become part of the policy, therefore, it is important that all questions are answered accurately. **If additional space is required, please provide complete details on Applicant's letterhead.**

GENERAL INFORMATION

1. Full Legal Name of Applicant (include trading names and DBA's under which the applicant operates): _____

Principal Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Website Address: _____ Email Address: _____ Contact Name: _____

2. Does the Applicant or any of its owners, officers or partners provide any services under a separate entity name? Yes No
If "Yes", please complete the Separate Entity Supplement for each entity.

3. Does the Applicant have any other office locations? Yes No

If "Yes", please provide complete address(es) on a separate sheet.

4. Applicant is a: Sole Proprietor Partnership Corporation LLC LLP
 Independent Contractor Other: _____

5. Date Applicant established: ____/____/____
(Month/Day/Year)

6. Is the Applicant engaged in the full-time practice of accountancy? Yes No

7. During the past five (5) years, has the name or ownership of the Applicant changed or has there been an acquisition, merger, consolidation or any other change? Yes No
If "Yes", please provide complete details on a separate sheet.

8. Does the Applicant anticipate any material changes to the firm or its practice within the next twelve (12) months? Yes No
If "Yes", please provide complete details on a separate sheet.

9. Complete the following for each principal, partner, officer or director (*attach additional sheet if necessary*):

Name	Title	Years of Experience	Professional Membership or Association
(1)			
(2)			
(3)			

10. a. Indicate the number of staff associated with the Applicant:

Staff: Include Individuals only once	CPAs	Non-CPAs	Total
Owners, Officers, Partners			
Accounting or Tax Professionals			
Consulting Professional			
Support Staff			

b. During the past three (3) years, has the size of staff associated with the Applicant changed by $\pm 25\%$? Yes No
If "Yes", please provide complete details on a separate sheet.

11. a. Indicate gross annual revenue for the Applicant. *(If Applicant is newly established, please provide best estimate)*

Current Fiscal Year (Estimated)	Last Fiscal Year	Second Last Fiscal Year
Ending: / /	Ending: / /	Ending: / /
\$	\$	\$

b. Indicate total number of clients for the last fiscal year: _____

12. Does any client represent more than 25% of the Applicant's gross annual revenue? Yes No
If "Yes", please complete the following:

Name of Client	Industry	Description of Services Provided	% of Income

AREA OF PRACTICE

13. Based on the Applicant's gross revenue for the last fiscal year, indicate the percentage of revenue derived from the following areas of practice. **The total must equal 100%.** *(If newly established, please provide best estimate).*

Area of Practice	%	Engagement Letters Used?	Area of Practice	%	Engagement Letters Used?
Audit: Publicly Held ⁽¹⁾		<input type="checkbox"/> Yes <input type="checkbox"/> No	Information Technology ⁽⁴⁾		<input type="checkbox"/> Yes <input type="checkbox"/> No
Audit: Non-Public ⁽²⁾		<input type="checkbox"/> Yes <input type="checkbox"/> No	Business Valuations		<input type="checkbox"/> Yes <input type="checkbox"/> No
Taxation: Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No	Forecasts & Projections		<input type="checkbox"/> Yes <input type="checkbox"/> No
Taxation: Business		<input type="checkbox"/> Yes <input type="checkbox"/> No	Litigation Consulting		<input type="checkbox"/> Yes <input type="checkbox"/> No
Taxation: Estate		<input type="checkbox"/> Yes <input type="checkbox"/> No	Management Advisory Services ⁽⁵⁾		<input type="checkbox"/> Yes <input type="checkbox"/> No
Bookkeeping		<input type="checkbox"/> Yes <input type="checkbox"/> No	Executor/Trustee Services		<input type="checkbox"/> Yes <input type="checkbox"/> No
Compilations		<input type="checkbox"/> Yes <input type="checkbox"/> No	ERISA/Pension Plans		<input type="checkbox"/> Yes <input type="checkbox"/> No
Review		<input type="checkbox"/> Yes <input type="checkbox"/> No	Securities Activities ⁽¹⁾		<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Financial Planning & Investment Advisory Services ⁽³⁾		<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Services ⁽⁵⁾		<input type="checkbox"/> Yes <input type="checkbox"/> No
			TOTAL:	100%	

- (1) Complete the Securities Supplement. (3) Complete the Financial Planning/Investment Advisory Services Supplement.**
(2) Complete the Non-Public Audit Supplement. (4) Complete the Information Technology Supplement.
(5) Provide complete description of services on a separate sheet.

14. During the past five (5) years, has the Applicant or any predecessor firm:
a. Provided services to any publicly held client? Yes No
b. Provided professional accounting services, or consented to the use of the Applicant's work product in connection with the issue of public or private offerings or the registration or sale of securities, real estate or other investments? Yes No
If "Yes" to any part of Question 14 above, please complete the Securities Supplement.

15. During the past (5) years, has the Applicant:
a. Received commissions, fees, reciprocity or revenue for referrals, sale or promotion of investments or tax shelters? Yes No
b. Organized, arranged, procured or evaluated investments, real estate or tax shelters or prepared projections for use in these areas? Yes No
c. Participated in the management of any investment partnership, limited partnership, tax shelter or other investment venture? Yes No
d. Received loans from any client? Yes No
e. Made recommendations as to the sale or purchase of any investments, including specific stocks, bonds or other securities for which the firm received compensation? Yes No
If "Yes" to any part of Question 15, please provide complete details on a separate sheet.

16. During the past five (5) years, has the Applicant or any of its professional staff exercised any discretionary control over a client's funds, other than as a trustee? Yes No
If "Yes", please complete the Client Funds Supplement (Non-Trustee).
17. During the past five (5) years, has the Applicant provided audit, attest or review services for a client that subsequently declared or filed bankruptcy, defaulted on a debt obligation or became insolvent? Yes No
If "Yes", please provide complete details including the name of client, services rendered, date of services, date of bankruptcy, default or insolvency, and whether there was a "going concern" reference.
18. During the past five (5) years, has the Applicant or any of its professional staff provided professional accounting services to or served as a fiduciary, committee member, officer, director, partner, employee, principal shareholder or member of any Financial Institution? Yes No
If "Yes", please complete the Financial Institutions Supplement.
19. During the past five (5) years, has the Applicant or any of its professional staff served as a trustee, administrator, or executor? Yes No
If "Yes", please complete the Trustee Supplement.
20. Does any of the Applicant's professional staff maintain a professional license other than for accountancy? Yes No
If "Yes", please indicate name of individual, type of license, description of services provided, name of separate professional liability carrier and limits of liability, if applicable.

INTERNAL CONTROLS AND PROCEDURES

21. Does the Applicant have written internal quality control procedures in place? Yes No
22. Does the Applicant have a formalized training program in place for all new professionals? Yes No
23. During the past two (2) years, indicate the percentage of professional staff:
 a. Who have completed continuing professional education (CPE) courses: _____%
 b. Who participated in a formal loss control program/seminar: _____%
24. Does the Applicant have procedures in place that include the regular use of a conflict of interest avoidance system when accepting new clients? Yes No
If "Yes", indicate the method used: Personal Memory Computer Index File Conflict Committee
 Client Lists Other (describe): _____
25. During the past five (5) years, has the Applicant provided professional accounting services to any client in which any of the Applicant's professional staff (including their spouse) owed an equity interest or served as a director, owner, officer, partner or employee of such client? Yes No
If "Yes", please complete the Outside Interest Supplement.
26. Does the Applicant require the use of engagement letters including fee arrangements on all new matters undertaken? Yes No
If "No," please explain how misunderstandings about the scope and cost of services are prevented.
27. Are declination or non-engagement letters issued on all matters declined by the Applicant? Yes No
If "No", please explain how misunderstandings about representation are prevented.
28. Does the Applicant require the completion of a second person or partner review for any services provided? Yes No
If "Yes," check all that apply: All Services Attest Services Tax Services Other: _____
29. Within the past three (3) years, has the Applicant undergone a peer or quality review? Yes No
If "Yes", indicate: a. Unqualified/Unmodified Qualified/Modified*
 b. Date of Issue: _____
***If the results of the review were qualified/modified, please attach a copy of the peer review report, letter of comments and the Applicant's letter of response.**
30. During the past five (5) years, has the Applicant or any predecessor firm sued (including small claims court) to collect fees? Yes No
If "Yes", please provide complete details including the name of client, services rendered, dates of services, fee amounts, date of suit, current status and whether an engagement letter was used.

INSURANCE COVERAGE HISTORY

31. List the professional liability insurance coverage carried by the Applicant and any predecessor firm(s) during the past five (5) years, including any periods without coverage. **If no past coverage, indicate NONE.**

Effective (mm/dd/yy)	Expiration (mm/dd/yy)	Insurance Company	Limits of Liability (per claim/aggregate)	Deductible/ Retention	Annual Premium
___/___/___	___/___/___				
___/___/___	___/___/___				
___/___/___	___/___/___				
___/___/___	___/___/___				
___/___/___	___/___/___				

32. Does the Applicant's current policy contain a prior acts limitation/retroactive date or provide full prior acts? Yes No
If "Yes", please indicate: prior acts limitation/retroactive date: ___/___/___ or full prior acts coverage.
Please attach a copy of the applicable endorsement. (month/day/year)
33. Does the Applicant's current policy have any endorsements or exclusions or coverage limitations tailored specifically to the Applicant? Yes No
If "Yes", please provide description on a separate sheet and attach a copy of the endorsement(s).
34. During the past five (5) years, has the Applicant or any of its professional staff ever had professional liability insurance or similar insurance declined, cancelled or non-renewed for any other reason other than a carrier's withdrawal from the market? Yes No
If "Yes", please provide complete details on a separate sheet.
35. Has the Applicant or any predecessor firm(s) ever purchased an extended reporting period endorsement? Yes No
If "Yes", please provide complete details on a separate sheet.

CLAIM/INCIDENT INFORMATION

36. During the past five (5) years, has any professional liability claim or suit ever been made against the Applicant, any predecessor firm or any of the Applicant's current or former professional staff? Yes No
If "Yes", please indicate how many ___ and complete a separate Supplemental Claim Form for each claim.
37. Does any of the Applicant's professional staff know of any incident, negligent act, error or omission or other circumstance that could result in a claim or suit against the Applicant or any predecessor firm or any of the Applicant's current or former professional staff? Yes No
If "Yes", please indicate how many ___ and complete a separate Supplemental Claim Form for each claim.
38. Has the Applicant, any predecessor firm or any of the Applicant's professional staff ever had their license revoked or suspended; or been the subject of a complaint or disciplinary action by any state board of accountancy, any national or state accounting society, any state or federal regulators or any other governmental agency or court; or ever been charged, indicted, plead guilty or convicted of any felony charge? Yes No
If "Yes", please provide complete details on a separate sheet.

COVERAGE SELECTION

39. Limits of Liability requested (each claim/annual aggregate):
- | | | |
|--|--|--|
| <input type="checkbox"/> \$100,000/\$100,000 | <input type="checkbox"/> \$500,000/\$500,000 | <input type="checkbox"/> \$1,000,000/\$2,000,000 |
| <input type="checkbox"/> \$100,000/\$300,000 | <input type="checkbox"/> \$500,000/\$1,000,000 | <input type="checkbox"/> \$2,000,000/\$2,000,000 |
| <input type="checkbox"/> \$250,000/\$250,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000 | <input type="checkbox"/> \$2,000,000/\$4,000,000 |
| <input type="checkbox"/> \$250,000/\$500,000 | <input type="checkbox"/> \$1,000,000/\$2,000,000 | <input type="checkbox"/> \$Other: _____ |
40. Deductible Amount requested (each claim):
- | | | | | | |
|-----------------------------------|--|----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$20,000 |
| <input type="checkbox"/> \$25,000 | <input type="checkbox"/> Other: \$ _____ | | | | |

For Utah Applicants Only:

ANY MATTER IN DISPUTE BETWEEN YOU AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF (THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR), A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGEMENT IN ANY COURT OF PROPER JURISDICTION.

FRAUD WARNING STATEMENTS

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.

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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 OF REGULATORY AGENCIES.

DISTRICT OF COLUMBIA APPLICANTS: 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 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.

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.

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.

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.

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 A DENIAL OF INSURANCE BENEFITS.

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.

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.

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.

NEW YORK 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 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."

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.

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.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

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.

PUERTO RICO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

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.

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.

VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE, OR A STATEMENT OF CLAIM CONTAINING ANY 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 IN CERTAIN JURISDICTIONS.

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."

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.

SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT.

Signature: _____ Title: _____
Print Name: _____ Date: _____

Applicable to applicants in Florida and Iowa (required information)

NAME OF PRODUCER: _____ LICENSE NUMBER: _____

ADDRESS: _____

PLEASE SUBMIT THIS APPLICATION TO:
(Insert name & address)



Name of Insurance Company to which Application is made

ACCOUNTANTS PROFESSIONAL LIABILITY RENEWAL APPLICATION

This is an application for a CLAIMS-MADE AND REPORTED Policy

If a policy is issued this application will attach to and become part of the policy, therefore, it is important that all questions are answered accurately. **If additional space is required, please provide complete details on Applicant's letterhead.**

1. Full Legal Name of Firm (include trading names and DBA's under which the Firm operates):

Principal Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Website Address: _____ Email Address: _____ Contact Name: _____

2. During the past twelve (12) months, has the name, ownership or structure of the Firm changed or has there been an acquisition, merger, consolidation or any other change..... Yes No
If "Yes", please provide complete details on a separate sheet, including full legal names of entities involved.

3. Indicate the following: a. Total number of Professionals: _____ Support staff: _____
 b. Percentage of CPE participation: _____

4. Indicate total gross annual revenues for the Firm:

Actual Last Fiscal Year	Estimate for Current Fiscal Year
Ending: / / /	Ending: / / /
\$	\$

5. Indicate the percentage of gross revenues derived from the following areas of practice. **The total must equal 100%.**

Area of Practice	%	Engagement Letters Used?	Area of Practice	%	Engagement Letters Used?
Audit: Publicly Held (1)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Information Technology (4)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Audit: Non-Public (2)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Business Valuations		<input type="checkbox"/> Yes <input type="checkbox"/> No
Taxation: Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No	Forecasts & Projections		<input type="checkbox"/> Yes <input type="checkbox"/> No
Taxation: Business		<input type="checkbox"/> Yes <input type="checkbox"/> No	Litigation Consulting		<input type="checkbox"/> Yes <input type="checkbox"/> No
Taxation: Estate		<input type="checkbox"/> Yes <input type="checkbox"/> No	Management Advisory Services (5)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Bookkeeping		<input type="checkbox"/> Yes <input type="checkbox"/> No	Executor/Trustee Services		<input type="checkbox"/> Yes <input type="checkbox"/> No
Compilations		<input type="checkbox"/> Yes <input type="checkbox"/> No	ERISA/Pension Plans		<input type="checkbox"/> Yes <input type="checkbox"/> No
Review		<input type="checkbox"/> Yes <input type="checkbox"/> No	Securities Activities (1)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Financial Planning & Investment Advisory Services (3)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Services (5)		<input type="checkbox"/> Yes <input type="checkbox"/> No
			TOTAL:	100%	

Complete the following supplements for any new exposures during the last twelve (12) months:

- (1) Complete the Securities Supplement. (3) Complete the Financial Planning/Investment Advisory Services Supplement.
 (2) Complete the Non-Public Audit Supplement. (4) Complete the Information Technology Supplement.
 (5) Provide complete description of services on a separate sheet.

6. During the past twelve (12) months, has the Firm or any member of the Firm provided professional services:
- a. To any publicly held client? Yes No
- b. Used in conjunction with issuance, offering or sales of securities, real estate or other investments? Yes No
- If "Yes" to either part of Q. 6 above, please complete the Securities Supplement.**
7. During the past twelve (12) months, has the Firm or any of its professional staff:
(Note: if previously disclosed, no need to indicate):
- a. Exercised any discretionary control over a client's funds, other than as a trustee? Yes No
If "Yes", please complete the Client Funds Supplement (Non-Trustee).
- b. Provided professional accounting services to or served as a fiduciary, committee member, officer, director, partner, employee, principal shareholder or member of any Financial Institution? Yes No
If "Yes", please complete the Financial Institutions Supplement.
- c. Served as a trustee, administrator, or executor? Yes No
If "Yes", please complete the Trustee Supplement.
- d. Maintained a professional license other than for accountancy? Yes No
If "Yes", please indicate name of individual, type of license, description of services provided, name of separate professional liability carrier and limits of liability, if applicable.
- e. Provided professional accounting services to any client in which any of the Firm's professional staff (including their spouse) owned an equity interest or served as director, owner, officer, partner or employee of such client? Yes No
If "Yes", please complete the Outside Interest Supplement.
8. During the past twelve (12) months, has the Firm sued to collect fees? Yes No
If "Yes", please provide complete details including the name of client, services rendered, dates of services, fee amounts, date of suit, current status and whether an engagement letter was used.
9. During the past twelve (12) months, have there been any changes made to the Firm's internal controls? Yes No
If yes, please provide complete details.
10. Within the past twelve (12) months, has the Firm had a peer or quality review? Yes No
If "Yes", indicate: a. Unqualified/Unmodified Qualified/Modified* b. Date of Issue: _____
***If the results of the review were qualified/modified, please attach a copy of the peer review report, letter of comments and the Firm's letter of response.**
11. During the past twelve (12) months, has the Firm or any member of the professional staff been made aware of a claim, or circumstances that could result in a claim, or has there been a change in the status of any claim reported to other insurance companies within the past five years Yes No
If "Yes", please indicate how many _____ and complete a separate Supplemental Claim Form for each claim.
12. During the past twelve (12) months, has the Firm or any predecessor firm or any of the Firm's professional staff ever been the subject of a complaint or disciplinary action or reprimand by any state board of accountancy, any national or state accounting society, any state or federal regulators or any other governmental agency or court? Yes No
If "Yes", please provide complete details on a separate sheet.

COVERAGE SELECTION

13. Limits of Liability requested (each claim/annual aggregate):
- \$100,000/\$100,000 \$100,000/\$300,000 \$250,000/\$250,000 \$250,000/\$500,000
- \$500,000/\$500,000 \$500,000/\$1,000,000 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000
- \$2,000,000/\$2,000,000 \$2,000,000/\$4,000,000 \$Other: _____
14. Deductible Amount requested (each claim): \$1,000 \$2,500 \$5,000
- \$10,000 \$15,000 \$20,000 \$20,000 Other: \$ _____

FRAUD WARNING STATEMENTS

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.

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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 OF REGULATORY AGENCIES.

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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.

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.

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.

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.

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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.

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.

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.

NEW YORK 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 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."

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.

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.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

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.

PUERTO RICO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

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.

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.

VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE, OR A STATEMENT OF CLAIM CONTAINING ANY 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 IN CERTAIN JURISDICTIONS.

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."

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.

SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT.

Signature: _____ Title: _____
Print Name: _____ Date: _____

Applicable to applicants in Florida and Iowa (required information)

NAME OF PRODUCER: _____ LICENSE NUMBER: _____

ADDRESS: _____

PLEASE SUBMIT THIS APPLICATION TO:
(Insert name & address)

ENDORSEMENT NO:

**This endorsement, effective 12:01 am,
of policy number:**

forms a part

issued to:

by:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FINANCIAL PLANNING & INVESTMENT ADVISORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

ACCOUNTANTS PROFESSIONAL LIABILITY POLICY

SECTION I: B: DEFINITIONS. 11. of the policy is deleted and replaced by the following:

11. Professional accounting services means services performed or advice given by you or on your behalf for others in the conduct of your practice as:

- a. An accounting professional, including but not limited to services performed or advice given in connection with the American Institute of Certified Public Accountants or any state society of certified public accountants; and
- b. A member of a formal accreditation, standards review, or other professional board or committee for the accounting profession; and
- c. A personal financial planner, investment advisor, consultant, arbitrator, mediator, notary public, trustee, receiver or executor.

Professional accounting services also includes training, consulting, sales, installation, integration, maintenance and development of hardware and packaged software products related to these services.

SECTION II: EXCLUSIONS. H. of the policy is deleted and replaced by the following:

H. Arising out of or based on:

1. Any advice, solicitation, or purchase or sales of securities or other investments services for which the **insured** is paid by commission or on a contingency basis or for any client in which the **insured** has a financial interest; or
2. Any promise, guaranty, representation or warranty, either express or implied, made by an **insured**, pertaining to the future value of or performance of investments; or
3. The insured's activities or capacity as a broker or dealer in securities as defined in Sections 3(a)(4) and 3(a)(5), respectively, of the Securities Exchange Act of 1934.

All other terms and conditions remain unchanged.

A handwritten signature in black ink, appearing to read "Neal Wolin". The signature is fluid and cursive, with the first name "Neal" and last name "Wolin" clearly distinguishable.

Neal S. Wolin, President & COO



FINANCIAL PLANNING & INVESTMENT ADVISORY SERVICES SUPPLEMENT

1. Are financial planning and investment advisory services provided by a separate entity? Yes No
If yes, complete the Separate Entity Supplement.

2. Indicate the percentage of income derived from the following services:

Description of Services	Percentage of Revenue	Type of Remuneration
Referrals to Third Parties	%	<input type="checkbox"/> Commission <input type="checkbox"/> Fee <input type="checkbox"/> Referral Fee <input type="checkbox"/> Other
Preparation of Financial Plans	%	<input type="checkbox"/> Commission <input type="checkbox"/> Fee <input type="checkbox"/> Referral Fee <input type="checkbox"/> Other
Non-Discretionary Asset Management	%	<input type="checkbox"/> Commission <input type="checkbox"/> Fee <input type="checkbox"/> Referral Fee <input type="checkbox"/> Other
Discretionary Asset Management	%	<input type="checkbox"/> Commission <input type="checkbox"/> Fee <input type="checkbox"/> Referral Fee <input type="checkbox"/> Other
Sale of Securities	%	<input type="checkbox"/> Commission <input type="checkbox"/> Fee <input type="checkbox"/> Referral Fee <input type="checkbox"/> Other
Sale of Insurance Products	%	<input type="checkbox"/> Commission <input type="checkbox"/> Fee <input type="checkbox"/> Referral Fee <input type="checkbox"/> Other
Other Investment Advisory Services	%	<input type="checkbox"/> Commission <input type="checkbox"/> Fee <input type="checkbox"/> Referral Fee <input type="checkbox"/> Other
Other Services (Describe)	%	<input type="checkbox"/> Commission <input type="checkbox"/> Fee <input type="checkbox"/> Referral Fee <input type="checkbox"/> Other

3. Indicate which products the Applicant recommends, manages, refers and/or sells including the total percentage of revenue derived by each of the classes listed below:

Class	Products	Yes	No	% of Revenue by Class
(1)	Mutual Funds Variable Annuities Fixed Annuities Life/Health/Disability/Accident Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
(2)	Listed Stocks/Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
(3)	Unlisted Stocks/Bonds Property/Casualty Insurance Foreign Securities Options and Futures Real Estate Investment Trusts Private Placements General and Limited Partnerships Viatical Agreements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
(4)	Derivatives Hedge Funds Other (Describe)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %

4. Indicate the following for asset/portfolio management:

	Last Fiscal Year	Current Fiscal Year
Total value of funds under non-discretionary management	\$	\$
Total number of non-discretionary accounts		
Total value of funds under discretionary management	\$	\$
Total number of discretionary accounts		

5. Indicate the total gross annual revenue the Applicant derived from services indicated in question #2 above:

Last Fiscal Year	Current Fiscal Year (Estimated)
Ending: / /	Ending: / /
\$	\$

6. Indicate the following for each of the Applicant's staff rendering professional services as a financial planner, registered investment advisor or registered representative of a securities broker-dealer (**attach additional sheet if necessary**):

Individual Name	Professional Designation	Agency of Registration	Years of Experience
(1)			
(2)			
(3)			
(4)			

7. Does the Applicant require the use of annual engagement letters including fee arrangements for all services provided? Yes No

8. Does the Applicant or any of the Applicant's professional staff recommend any non-public investments to clients in which the Applicant or any of the Applicant's staff has an ownership interest? Yes No
If "Yes", please provide complete details: _____

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SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT.

Signature: _____ Title: _____
Print Name: _____ Date: _____

<i>SERFF Tracking Number:</i>	<i>HART-125911271</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Twin City Fire Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>FN.13HS.500.2008.01</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>ACCOUNTANTS PROFESSIONAL LIABILITY</i>		
<i>Project Name/Number:</i>	<i>ACCOUNTANTS PROFESSIONAL LIABILITY /FN.13HS.500.2008.01</i>		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	12/11/2008
Comments:			
Attachments:			
	AR PC-TD-1 FORMS.pdf		
	AR PC-FFS-1.pdf		
Satisfied -Name:	EXPLANATORY MEMORANDUM	Review Status: Approved	12/11/2008
Comments:			
Attachment:			
	2008 Form EM 12-2-08.pdf		
Satisfied -Name:	FORMS LIST	Review Status: Approved	12/11/2008
Comments:			
Attachment:			
	CW FORMS LIST.pdf		
Satisfied -Name:	FORM COMPARISON	Review Status: Approved	12/11/2008
Comments:			
Attachment:			
	AC00H001 compare to 01 version.pdf		

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only 	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 70%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
Hartford Financial Services Group	00914

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Twin City Fire Ins.Co.	Indiana	00914-29459	06-0732738	

5. Company Tracking Number	FN.13HS.500.2008.01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Elsie Rodriguez	Filing Analyst	860-547-2485	866-947-1747	elsie.rodriguez
Hartford Plaza, Hartford, CT 06115		860-547-	860-547-	@TheHartford.com
7. Signature of authorized filer		<i>Elsie Rodriguez</i>		
8. Please print name of authorized filer		Elsie Rodriguez		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17 Other Liability
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	ACCOUNTANTS PROFESSIONAL LIABILITY PROGRAM
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: _____ on approval Renewal: _____
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	12/5/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	FN.13HS.500.2008.01
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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OTHER LIABILITY - ACCOUNTANTS PROFESSIONAL LIABILITY
MISCELLANEOUS FORMS FILING

Attached for your review and approval are additional forms to be used with the above program.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT
Amount: 50

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by statute)

1.	This filing transmittal is part of Company Tracking #	FN.13HS.500.2008.01		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	FN.13HS.500.2008.01		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces
01	Accountants Professional Liability Application	AC 00 H001 01 1208	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AC 00 H001 00 0805
02	Accountants Professional Liability Renewal Application	AC 00 H040 00 1208	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03	Financial Planning & Investment Advisory Services Endorsement	AC 00 H041 00 1208	<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
04	Financial Planning & Investment Advisory Services Supplement	AC 00 H042 00 1208	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

tate.)

Previous state filing number, if required by state

ACCOUNTANTS PROFESSIONAL LIABILITY POLICY

COUNTRYWIDE FORM EXPLANATORY

The Accountants Professional Liability Policy was approved by your Department under our Company filing number FN.13HS.500.2006.01. Additional forms have been developed. Attached is a forms list which provides an explanation of these forms.

ACCOUNTANTS PROFESSIONAL LIABILITY

	Form No.	Title	Description	Mandatory or Optional	Restricts, Broadens or Clarifies
	AC 00 H001 01 1208	Accountants Professional Liability Application	Application. Replaces AC 00 H001 00 0805. A form comparison document is attached.	O	n/a
	AC 00 H040 00 1208	Accountants Professional Liability Renewal Application	Renewal Application	O	n/a
	AC 00 H041 00 1208	Financial Planning & Investment Advisory Services Endorsement	This endorsement will be added to policies to provide coverage for financial planning and investment advisory services by the insured. There is no charge associated with the endorsed coverage	O	B
	AC 00 H042 00 1208	Financial Planning & Investment Advisory Services Supplement	This supplement is to be completed when the applicant indicates exposure in this area of practice in response to question #13 of the application	O	n/a

12/1/2008



Name of Insurance Company to which Application is made

ACCOUNTANTS PROFESSIONAL LIABILITY APPLICATION

This is an application for a CLAIMS-MADE AND REPORTED Policy

If a policy is issued this application will attach to and become part of the policy, therefore, it is important that all questions are answered accurately. **If additional space is required, please provide complete details on Applicant's letterhead.**

GENERAL INFORMATION

1. Full Legal Name of Applicant (include trading names and DBA's under which the applicant operates):

Principal Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Website Address: _____ Email Address: _____ Contact Name: _____

2. Does the Applicant or any of its owners, officers or partners provide any services under a separate entity name? Yes No
If "Yes", please complete the Separate Entity Supplement for each entity.

3. Does the Applicant have any other office locations? Yes No

If "Yes", please provide complete address(es) on a separate sheet.

4. Applicant is a: Sole Proprietor Partnership Corporation LLC LLP
 Independent Contractor Other: _____

5. Date Applicant established: ____/____/____
(Month/Day/Year)

6. Is the Applicant engaged in the full-time practice of accountancy? Yes No

7. During the past five (5) years, has the name or ownership of the Applicant changed or has there been an acquisition, merger, consolidation or any other change? Yes No
If "Yes", please provide complete details on a separate sheet.

8. Does the Applicant anticipate any material changes to the firm or its practice within the next twelve (12) months? Yes No
If "Yes", please provide complete details on a separate sheet.

9. Complete the following for each principal, partner, officer or director (*attach additional sheet if necessary*):

Name	Title	Years of Experience	Professional Membership or Association
(1)			
(2)			
(3)			

10. a. Indicate the number of staff associated with the Applicant:

Staff: Include Individuals only once	CPAs	Non-CPAs	Total
Owners, Officers, Partners			
Accounting or Tax Professionals			
Consulting Professional			
Support Staff			

b. During the past three (3) years, has the size of staff associated with the Applicant changed by ± 25%? Yes No

If "Yes", please provide complete details on a separate sheet.

11. a. Indicate gross annual revenue for the Applicant. (If Applicant is newly established, please provide best estimate)

Current Fiscal Year (Estimated)	Last Fiscal Year	Second Last Fiscal Year
Ending: / /	Ending: / /	Ending: / /
\$	\$	\$

b. Indicate total number of clients for the last fiscal year: _____

12. Does any client represent more than 25% of the Applicant's gross annual revenue? Yes No
 If "Yes", please complete the following:

Name of Client	Industry	Description of Services Provided	% of Income

AREA OF PRACTICE

13. Based on the Applicant's gross revenue for the last fiscal year, indicate the percentage of revenue derived from the following areas of practice. The total must equal 100%. (If newly established, please provide best estimate).

Area of Practice	%	Engagement Letters Used?	Area of Practice	%	Engagement Letters Used?
Audit: Publicly Held (1)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Information Technology (34)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Audit: Non-Public (2)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Business Valuations		<input type="checkbox"/> Yes <input type="checkbox"/> No
Taxation: Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No	Forecasts & Projections		<input type="checkbox"/> Yes <input type="checkbox"/> No
Taxation: Business		<input type="checkbox"/> Yes <input type="checkbox"/> No	Litigation Consulting		<input type="checkbox"/> Yes <input type="checkbox"/> No
Taxation: Estate		<input type="checkbox"/> Yes <input type="checkbox"/> No	Management Advisory Services (4)5		<input type="checkbox"/> Yes <input type="checkbox"/> No
Bookkeeping		<input type="checkbox"/> Yes <input type="checkbox"/> No	Executor/Trustee Services		<input type="checkbox"/> Yes <input type="checkbox"/> No
Compilations		<input type="checkbox"/> Yes <input type="checkbox"/> No	ERISA/Pension Plans		<input type="checkbox"/> Yes <input type="checkbox"/> No
Review		<input type="checkbox"/> Yes <input type="checkbox"/> No	Securities Activities (1)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Financial Planning & Investment Advisory Services (3)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Services (4)5		<input type="checkbox"/> Yes <input type="checkbox"/> No
			TOTAL:	100%	

- (1) Complete the Securities Supplement Services Supplement.
- (2) Complete the Non-Public Audit Supplement.
- (3) Complete the Information Technology/Financial Planning/Investment Advisory Services Supplement.
- (4) Complete the Information Technology Supplement.
- (5) Provide complete description of services on a separate sheet.

14. During the past five (5) years, has the Applicant or any predecessor firm:
 a. Provided services to any publicly held client? Yes No
 b. Provided professional accounting services, or consented to the use of the Applicant's work product in connection with the issue of public or private offerings or the registration or sale of securities, real estate or other investments? Yes No
 If "Yes" to any part of Question 14 above, please complete the Securities Supplement.

15. During the past (5) years, has the Applicant:
 a. Received commissions, fees, reciprocity or revenue for referrals, sale or promotion of investments or tax shelters? Yes No
 b. Organized, arranged, procured or evaluated investments, real estate or tax shelters or prepared projections for use in these areas? Yes No
 c. Participated in the management of any investment partnership, limited partnership, tax shelter or other investment venture? Yes No
 d. Received loans from any client? Yes No

- e. Made recommendations as to the sale or purchase of any investments, including specific stocks, bonds or other securities for which the firm received compensation? Yes No
If "Yes" to any part of Question 15, please provide complete details on a separate sheet.
16. During the past five (5) years, has the Applicant or any of its professional staff exercised any discretionary control over a client's funds, other than as a trustee? Yes No
If "Yes", please complete the Client Funds Supplement (Non-Trustee).
17. During the past five (5) years, has the Applicant provided audit, attest or review services for a client that subsequently declared or filed bankruptcy, defaulted on a debt obligation or became insolvent? Yes No
If "Yes", please provide complete details including the name of client, services rendered, date of services, date of bankruptcy, default or insolvency, and whether there was a "going concern" reference.
18. During the past five (5) years, has the Applicant or any of its professional staff provided professional accounting services to or served as a fiduciary, committee member, officer, director, partner, employee, principal shareholder or member of any Financial Institution? Yes No
If "Yes", please complete the Financial Institutions Supplement.
19. During the past five (5) years, has the Applicant or any of its professional staff served as a trustee, administrator, or executor? Yes No
If "Yes", please complete the Trustee Supplement.
- ~~20. Does any of the Applicant's professional staff provide/maintain a professional services as a lawyer, real estate agent or broker, insurance agent or broker, registered representative or investment advisor? license other than for accountancy?..... Yes No~~
~~If "Yes", please indicate name of individual, type of license, description of services provided, name of separate professional liability carrier and limits of liability, if applicable.~~

INTERNAL CONTROLS AND PROCEDURES

21. Does the Applicant have written internal quality control procedures in place? Yes No
22. Does the Applicant have a formalized ~~quality control procedures~~ training program in place for all new professionals? Yes No
23. During the past two (2) years, indicate the percentage of professional staff:
 a. Who have completed continuing professional education (CPE) courses: %
 b. Who participated in a formal loss control program/seminar: %
24. Does the Applicant have procedures in place that include the regular use of a conflict of interest avoidance system when accepting new clients? Yes No
If "Yes", indicate the method used: Personal Memory Computer Index File Conflict Committee
 Client Lists Other (describe): _____
25. During the past five (5) years, has the Applicant provided professional accounting services to any client in which any of the Applicant's professional staff (including their spouse) owed an equity interest or served as a director, owner, officer, partner or employee of such client? Yes No
If "Yes", please complete the Outside Interest Supplement.
26. Does the Applicant require the use of engagement letters including fee arrangements on all new matters undertaken? Yes No
If "No," please explain how misunderstandings about the scope and cost of services are prevented.
27. Are declination or non-engagement letters issued on all matters declined by the Applicant? Yes No
If "No", please explain how misunderstandings about representation are prevented.
28. Does the Applicant require the completion of a second person or partner review for any services provided? Yes No
If "Yes," check all that apply: All Services Attest Services Tax Services Other: _____
29. Within the past three (3) years, has the Applicant undergone a peer or quality review? Yes No
If "Yes", indicate: a. Unqualified/Unmodified Qualified/Modified*
 b. Date of Issue: _____
***If the results of the review were qualified/modified, please attach a copy of the peer review report, letter of comments and the Applicant's letter of response.**
30. During the past five (5) years, has the Applicant or any predecessor firm sued (including small claims court) to collect fees? Yes No

If "Yes", please provide complete details including the name of client, services rendered, dates of services, fee amounts, date of suit, current status and whether an engagement letter was used.

INSURANCE COVERAGE HISTORY

31. List the professional liability insurance coverage carried by the Applicant and any predecessor firm(s) during the past five (5) years, including any periods without coverage. If no past coverage, indicate NONE.

Effective (mm/dd/yy)	Expiration (mm/dd/yy)	Insurance Company	Limits of Liability (per claim/aggregate)	Deductible/Retention	Annual Premium
___/___/___	___/___/___				
___/___/___	___/___/___				
___/___/___	___/___/___				
___/___/___	___/___/___				
___/___/___	___/___/___				

32. Does the Applicant's current policy contain a prior acts limitation ~~or~~/retroactive date? _____ or provide full prior acts? Yes No
 If "Yes", please provide indicate: prior acts limitation/retroactive date: ___/___/___ and or full prior acts coverage. Please attach a copy of the applicable endorsement. (month/day/year)
33. Does the Applicant's current policy have any endorsements or exclusions or coverage limitations tailored specifically to the Applicant? Yes No
 If "Yes", please provide description on a separate sheet and attach a copy of the endorsement(s).
34. During the past five (5) years, has the Applicant or any of its professional staff ever had professional liability insurance or similar insurance declined, cancelled or non-renewed for any other reason other than a carrier's withdrawal from the market? Yes No
 If "Yes", please provide complete details on a separate sheet.
35. Has the Applicant or any predecessor firm(s) ever purchased an extended reporting period endorsement? Yes No
 If "Yes", please provide complete details on a separate sheet.

CLAIM/INCIDENT INFORMATION

36. During the past five (5) years, has any professional liability claim or suit ever been made against the Applicant, any predecessor firm or any of the Applicant's current or former professional staff? Yes No
 If "Yes", please indicate how many _____ and complete a separate Supplemental Claim Form for each claim.
37. Does any of the Applicant's professional staff know of any incident, negligent act, error or omission or other circumstance that could result in a claim or suit against the Applicant or any predecessor firm or any of the Applicant's current or former professional staff? Yes No
 If "Yes", please indicate how many _____ and complete a separate Supplemental Claim Form for each claim.
38. Has the Applicant, any predecessor firm or any of the Applicant's professional staff ever had their license revoked or suspended; or been the subject of a complaint or disciplinary action by any state board of accountancy, any national or state accounting society, any state or federal regulators or any other governmental agency or court; or ever been the charged, indicted, plead guilty or convicted of any felony charge? Yes No
 If "Yes", please provide complete details on a separate sheet.

COVERAGE SELECTION

39. Limits of Liability requested (each claim/annual aggregate):

- \$100,000/\$100,000 \$500,000/\$500,000 ~~\$21,000,000/\$2,000,000~~ _____
- \$100,000/\$300,000 \$500,000/\$1,000,000 \$2,000,000/\$2,000,000
- \$250,000/\$250,000 \$1,000,000/\$1,000,000 \$2,000,000/\$4,000,000
- \$250,000/\$500,000 \$1,000,000/\$2,000,000 \$Other: _____

40. Deductible Amount requested (each claim):

\$1,000 \$2,500 \$5,000 \$10,000 \$15,000 \$20,000
 \$25,000 Other: \$ _____

For Utah Applicants Only:

ANY MATTER IN DISPUTE BETWEEN YOU AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF (THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR), A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGEMENT IN ANY COURT OF PROPER JURISDICTION.

FRAUD WARNING STATEMENTS

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.

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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 OF REGULATORY AGENCIES.

DISTRICT OF COLUMBIA APPLICANTS: 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 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.

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.

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.

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.

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 A DENIAL OF INSURANCE BENEFITS.

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.

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.

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.

NEW YORK 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 ~~FACT~~ THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ~~BE~~ **ALSO BE** SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

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.

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.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

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.

PUERTO RICO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

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.

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.

VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE, OR A STATEMENT OF CLAIM CONTAINING ANY 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 IN CERTAIN JURISDICTIONS.

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."

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.

SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT.

Signature: _____ Title: _____
Print Name: _____ Date: _____

Applicable to applicants in Florida and Iowa (required information)

NAME OF PRODUCER: _____ LICENSE NUMBER: _____

| ADDRESS: _____

| PLEASE SUBMIT THIS APPLICATION TO:
| (Insert name & address)