



**Travelers 1<sup>st</sup> Choice** <sup>SM</sup>  
**ACCOUNTANTS PROFESSIONAL LIABILITY COVERAGE**  
**RENEWAL APPLICATION**

**Travelers Casualty and Surety Company of America**  
Hartford, Connecticut

**Important Note:** This is an application for a claims-made policy. To be covered, a claim must be first made against an insured during the policy period or any applicable extended reporting period.

**New York Defense Expenses Notice:** If this policy contains an insuring agreement that includes defense expenses within the limits of coverage, payment of defense expenses may reduce the professional liability coverage limits up to 50%. If this policy contains an insuring agreement that includes a deductible that applies to defense expenses, up to 50% of the deductible amount may be applied to defense expenses.

**Throughout this supplement the terms "you" and "your" means the entity or individual applying for this insurance.**

**APPLICANT INFORMATION**

1. Current Travelers policy number: \_\_\_\_\_
2. Policy expiration date: \_\_\_\_\_  
mm/dd/yyyy
3. Your full legal name: \_\_\_\_\_
4. Your "trade name" or "doing business as" name: \_\_\_\_\_
5. Has your primary location changed in the past 12 months? ..... ☐ Yes ☐ No  
If yes, please provide new address: \_\_\_\_\_

**GENERAL INFORMATION**

6. Has the name or structure of your organization changed, or has there been an acquisition, consolidation, merger, dissolution, or any other change in the past 12 months, or is any change expected in the next 12 months? ..... ☐ Yes ☐ No  
If yes, please provide details: \_\_\_\_\_
7. Has the total number of your professional staff changed from last year? ..... ☐ Yes ☐ No  
If yes, please provide details \_\_\_\_\_
8. Please provide your gross billable income for the applicable fiscal year.
- |                   |                      |                           |
|-------------------|----------------------|---------------------------|
| Last Fiscal Year: | Current Fiscal Year: | Next 12 Months Projected: |
| Ending: __/__/__  | Ending: __/__/__     | Ending: __/__/__          |
| \$ _____          | \$ _____             | \$ _____                  |
9. Has there been any material changes to your firm or your practice in the last 12 months? ..... ☐ Yes ☐ No  
If yes, please provide details: \_\_\_\_\_
10. Please list any associations in which your firm is a member: \_\_\_\_\_
11. Please provide your total number of clients for the past year: ..... \_\_\_\_\_
12. Do you have any single clients representing 25% or more of your gross billable income? ..... ☐ Yes ☐ No  
If yes, please provide details including clients profile, services performed by you, and percentage of your revenue: \_\_\_\_\_

13. Please indicate the approximate percentage of your last year's billings and whether engagement Letters are used. The total percentage must add up to 100%.

Area of Practice	Percentage of Income	Engagement Letters Used?
<b>A. AUDITS</b>		
1. Audit – Non-public****	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Audit – Public *	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Audit – Other	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B. GENERAL</b>		
1. Bookkeeping/Write-ups/Payroll Processing	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Reviews	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Compilations	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Financial Advisory Services – including personal financial planning and investment advisory services**	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Enrolled agent	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Business Valuations	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Forecasts and Projections	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Forensic Accounting	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Mergers and Acquisitions	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>C. TAX SERVICES</b>		
1. Tax - Individual	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Tax – Business	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Tax – Estate	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>D. CONSULTING</b>		
1. Litigation Support (Consulting)	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Business Investment Advice (please describe)	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Other Consulting	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>E. MANAGEMENT ADVISORY SERVICES</b>		
1. Describe _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F. EDP/COMPUTER SERVICES***</b>		
1. Hardware/Software Sales	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Data Processing Service	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Hardware/Software Consulting	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>G. FIDUCIARY SERVICES</b>		
1. Administrator, Executor or ERISA Trustee	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Bankruptcy Trustee or Receiver	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Other Trustee Services	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>H. SECURITIES ACTIVITIES**</b>		
1. Limited Partnership and Tax Shelter Syndication*	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Debenture Financing/Bonds*	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Securities including Federal and State Securities*	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Registered Representative	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Other (please describe): _____	%	<input type="checkbox"/> Yes <input type="checkbox"/> No

**I. SPECIAL SERVICES**

1. Life and Health Insurance Agent	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Professional (other than Accounting)	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Non-Accounting Services	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>J. OTHER</b> (please describe):	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total must equal 100%	<b>100%</b>	

\*Please complete the Securities Supplement.

\*\*Please complete the Investment Advice/Financial Planning Practice Supplement

\*\*\*Please complete the Technology/Computer Related Services Supplement

\*\*\*\* Please complete the Non-Public Client Audit Supplement

**RISK MANAGEMENT**

14. Has there been any change to your types of clients this past year?.....☐Yes ☐No  
*If yes, please provide details:*

\_\_\_\_\_

15. Have there been any changes in your office procedures or internal controls this past year?.....☐Yes ☐No  
*If yes, please provide details:*

\_\_\_\_\_

16. Please complete the following chart for your professional staff who completed a risk management program within the past year:

Name of Employee	Program Sponsor	Seminar Date

17. Within the past year, have you sued, or threatened to sue, to collect fees?.....☐Yes ☐No  
*If yes, please describe on a separate sheet, all collection suits including name of clients, services rendered, dates of services, suit date, fee amounts, status or outcome of suit and whether your firm is still providing services for this client.*

18. Within the past five years have you had a quality peer review?.....☐Yes ☐No  
*If yes, was the review unqualified?.....☐Yes ☐No*  
*Please attach a copy of the peer review and any response you may have had to recommendations.*

19. Have you or any member of your firm ever had your accounting license suspended or revoked or been subject to any investigation by any board of accounting, AICPA, SEC, state CPA society or any other governmental agency, or court, or been subject to any reprimand, criminal penalty or fine, including a tax preparer's fine, or been convicted of any felony charge, or are they currently under indictment?.....☐Yes ☐No

**CLAIM HISTORY**

20. Do you or any person seeking coverage under this proposed policy have knowledge of any incident, act, error, or omission that is or could be the basis of a professional liability claim, or has there been a change in the status of any claim reported within the past five years to any other insurance company?.....☐Yes ☐No  
*If yes, please complete a Claim, Suit, or Incident Supplement for each such incident, act, error, omission, or claim.*

## COMPENSATION NOTICE

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### Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: [http://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

## FRAUD WARNINGS

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### Attention: Insureds in AR, CO, DC, KY, LA, NJ, NM, NY, and OH

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 may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.)

### Attention: Insureds in FL

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 felony of the 3<sup>rd</sup> degree, and may also be subject to a civil penalty.

### Attention: Insureds in ME, TN, VA, and WA

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.

### Attention: Insureds in PA

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.

## SIGNATURE AND AUTHORIZATION

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The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all of the following:

- The statements and representations made in this application are true and complete and will be deemed material to the acceptance of the risk assumed by Travelers in the event an insurance policy is issued.
- If the information supplied in this application changes between the date of the application and the effective date of any insurance policy issued by Travelers in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- Travelers is authorized to make an investigation and inquiry in connection with this application.
- Travelers is not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

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Signature\* (Partner, Member, Officer, Shareholder)

Date

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Name (print)

Title

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\*If you are electronically submitting this application to Travelers, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you hereby consent and agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature,

acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

☐ **Electronic Signature and Acceptance**

**Important note:** This application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by Travelers. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.

***INSURANCE AGENT OR BROKER MUST COMPLETE THE FOLLOWING:***

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Submitting agency name ☐ Direct ☐ Sub-produced

Address (street, city, state, zip code)

Phone

Fax

Email

Licensed producer name

License number

***ADDITIONAL INFORMATION:***

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In the section below you may provide additional information to any of the questions in this application (please reference the question number).