Underwritten by The Hanover Insurance Company

Accountants Professional Liability Insurance

New York Application

CLAIMS-MADE NOTICE

THIS PROFESSIONAL LIABILITY COVERAGE IS PROVIDED ON A CLAIMS-MADE BASIS; THEREFORE, THIS POLICY PROVIDES NO COVERAGE FOR CLAIMS ARISING OUT OF WRONGFUL ACTS WHICH TOOK PLACE PRIOR TO THE RETROACTIVE DATE STATED IN THE POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS ACTUALLY MADE OR INCIDENTS REPORTED AGAINST YOU WHILE THE POLICY REMAINS IN EFFECT. ALL COVERAGE UNDER THIS POLICY CEASES UPON TERMINATION OF THIS POLICY EXCEPT FOR THE AUTOMATIC EXTENDED REPORTING PERIOD OF 60 DAYS OR AN EXTENDED REPORTING PERIOD OF 12, 24, 36, OR 60 MONTHS THAT YOU MAY CHOOSE TO PURCHASE. POTENTIAL GAPS MAY ARISE UPON EXPIRATION OF THE EXTENDED REPORTING PERIODS. DURING THE FIRST SEVERAL YEARS OF THE CLAIMS-MADE RELATIONSHIP, CLAIMS–MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES. YOU CAN EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASES, INDEPENDENT OF OVERALL RATE LEVEL INCREASES, UNTIL THE CLAIMS-MADE RELATIONSHIP REACHES MATURITY.

CLAIM EXPENSES WITHIN LIMITS

This Policy will be written on a claim expenses within limits basis unless otherwise endorsed. The Limit of Liability can be completely exhausted by claim expenses and we have no liability for legal defense costs or for the amount of any judgment or settlement in excess of the limits stated in your policy. Claim expenses will be applied against the deductible. Please read and review your policy carefully.

Please fully answer all questions. Complete all sections, including the appropriate supplements. If space is inadequate to answer all questions in full, please provide details on a separate page.

Throughout this Application the words "**you**" and "**your**" refer to the applicant herein, and any subsidiary, partner, officer, director, member, covered independent contractor or employee of the applicant. The words "**we**", "**us**", and "**our**" refer to the insurance company to which this Application is made.

Firm Details

1. Name of Firm _____

   Address _____

   City _____ State _____ County_____ Zip _____

   Name of Contact _____ E-mail _____

   Telephone _____ Fax _____ Date Firm Established _____

   Website _____ Legal Entity Type _____

NOTICE: THESE POLICY FORMS AND THE APPLICABLE RATES ARE EXEMPT FROM THE FILING REQUIREMENTS OF THE NEW YORK INSURANCE LAW AND REGULATIONS. HOWEVER, SUCH FORMS AND RATES MUST MEET THE MINIMUM STANDARDS OF THE NEW YORK INSURANCE LAW AND REGULATIONS.

CLASS CODE: 2-14002 ACCOUNTANTS

2. List any **subsidiary**, **predecessor firm**, acquired or merged firms for whom coverage is requested:

Name of Firm	Date of Formation or Transaction	# of Professional Staff Added	% of Firm Billings Assigned to You	ERP* Purchased?

Extended Reporting Period Endorsement (aka "Tail")

3. Based on the Firm's fiscal year-end data, provide the following gross revenue figures:

Next Fiscal Year (projected)	Current Fiscal Year (estimated)	Last Fiscal Year (reported)	Prior Fiscal Year (reported)
$	$	$	$

Please provide details for any changes >25% from prior year.

4. Firm Staff (include contract and per diem employees who work 500 or more hours per year):

	CPAs	Non-CPAs	Total
Owners, Partners, Officers			0
All Other Accounting or Tax Professionals			0
Other Consulting Professionals (not included above)			0
Administrative Staff			0
Total	0	0	0

Practice Details

5. Approximately what percentage of the Firm's revenue is derived from the areas listed below?

Please indicate whether or not engagement letters are used for each service area listed below.

Service Area	% of Revenue	Engagement Letter Used
Administrator or ERISA Trustee	%	☐ Yes ☐ No
Audit: Non-Profit	%	☐ Yes ☐ No
Audit: Other	%	☐ Yes ☐ No
Audit: Public	%	☐ Yes ☐ No
Bookkeeping / Write-ups / Payroll Processing	%	☐ Yes ☐ No
Business Valuations *	%	☐ Yes ☐ No
Compilations	%	☐ Yes ☐ No
Consulting (litigation support /business investment advice / other	%	☐ Yes ☐ No
Forensic Accounting	%	☐ Yes ☐ No
Hardware Software Consulting / Sales	%	☐ Yes ☐ No
Management Advisory Services	%	☐ Yes ☐ No
Personal Financial Planning *	%	☐ Yes ☐ No
Reviews	%	☐ Yes ☐ No
Securities *	%	☐ Yes ☐ No
Tax: Business	%	☐ Yes ☐ No
Tax: Individual	%	☐ Yes ☐ No
Tax: Other	%	☐ Yes ☐ No
Trustee Services / Executor *	%	☐ Yes ☐ No
Other	%	☐ Yes ☐ No
TOTAL ADDS TO 100%:	**0 %**	

***Please complete the corresponding supplement**

6. Within the past 5 years have **you** provided attest services to any privately held entity with annual revenues greater than $50 million? ☐YES ☐NO
   If Yes, provide details: _____

7. Do **you** or have **you** in the past 5 years provided any attest services to Financial Institutions? ☐YES ☐NO
   If Yes, complete the Financial Institutions Services Supplement

   A financial institution is defined as an insurance company or insurance company holding company or affiliate thereof, a bank, credit union, savings and loan, savings association, building association or other banking institution, bank holding company or affiliate thereof.

8. Do any of **your** Financial Institution clients appear on the list of failed banks maintained by the Federal Deposit Insurance Company? ☐NA ☐YES ☐NO

9. Within the past 5 years have **you** provided **professional services** to any outside entity where you were a director, officer, partner or manager? ☐YES ☐NO

   If Yes, complete the following:

Client	Position	Professional Services	Conflict Disclosed?

10. Within the past 5 years have **you** provided **professional services** to any outside entity in which **you** or a spouse held an equity or financial interest greater than 10%? ☐YES ☐NO

    If Yes, complete the following:

Client	Equity %	Professional Services	Conflict Disclosed?

11. Within the past 5 years have **you** provided:
    a. **Professional service**s to a publicly traded company? ☐YES*☐NO
    b. **Professional services** In connection with securities offerings, registration or sale of securities? ☐YES*☐NO
    c. Forecasts, projections, etc. to sellers or promoters of investments for inclusion in a prospectus or securities sales literature? ☐YES*☐NO
    d. Are **you** registered with the Public Company Accounting Oversight Board (PCAOB)? ☐YES*☐NO

    ****If YES to any part of Question 11 please complete the Securities Supplement***

12. Within the past 5 years have **you** provided **professional services** to any clients under investigation by the SEC or any other state or federal regulatory organization? ☐YES ☐NO
    If Yes, provide details: _____

13. Within the past 5 years have **you** provided attest services to any clients that have filed for bankruptcy or defaulted on a bond? ☐YES ☐NO
    If Yes, provide details: _____

14. Within the past 5 years have **you** provided:
    a. **Professional services** in connection to or for tax shelters or investment partnerships designed for tax shelters? ☐YES*☐NO
    b. **Professional service**s to any entertainment or sports personality where the annual fee is greater than $75,000? ☐YES*☐NO
    c. **Professional services** as a trustee other than Life Insurance or non-funded? ☐YES*☐NO

d. **Professional services** as an executor or administrator of an estate? ☐YES* ☐NO

e. **Professional service**s with discretionary authority to manage, pay bills or invest clients' funds? ☐YES* ☐NO

If Yes to any part of question 14 please complete the Trustee / Non-Trustee Supplement

Risk Management Details

15. How many of **your** professional staff have completed loss control education in the past 3 years? _____

Please provide details, including dates and attendees and/or certificates

16. Have **you** undergone a Peer or Quality Review in the past 3 years? ☐YES ☐NO

If Yes, was the review Unqualified? ☐YES ☐NO

If Modified please provide a copy of the comment letter and response

17. Do **you** have an Employee Dishonesty policy or bond which covers theft of client funds? ☐YES ☐NO
18. Within the past 5 years has any member of **your** firm had a professional license suspended or revoked? ☐YES ☐NO

If Yes, provide details: _____

19. Are all statements of financial condition, balance sheets, and reports signed by an owner, officer, partner, principal, shareholder, member, or managing member of the firm? ☐YES ☐NO
20. Are all work papers indexed to reflect what was done, when, and by whom? ☐YES ☐NO
21. Do **you** maintain a system to ensure timely completion of reports, filings and tax returns? ☐YES ☐NO
22. Do **you** have a formal policy for the destruction of documents? ☐YES ☐NO
23. Do engagement letters contain an Alternative Dispute Resolution or Mediation Clause? ☐YES ☐NO
24. How often are engagement letters updated?
    - ☐ a. Annually for all engagements
    - ☐ b. Annually for attest engagements
    - ☐ c. Evergreen
    - ☐ d. As engagement changes
    - ☐ e. Other (please describe):
25. Services that require a second person/partner review:
    - ☐ a. Attest services
    - ☐ b. Tax services
    - ☐ c. All services
26. Client screening procedures are in place for:
    - ☐ a. New clients
    - ☐ b. Existing clients
    - ☐ c. Both
27. Do **you** use a checklist (as approved by AICPA, PPC, etc.)? ☐YES ☐NO
28. Please describe any other risk management procedures **you** use:

    _____

    _____

29. Other than in connection with personal tax returns, have **you** sued to collect fees within the past 3 years? ☐YES ☐NO

If Yes, complete the following

Date of Suit	Fee Amount	Client	Services Provides	Suit Status

Claims and Insurance Details

30. After inquiry, have any claims or suits involving malpractice been made against **you**, a predecessor firm, a subsidiary or affiliate entity, any partner, stockholder and/or professional staff person:
    a. During the past (5) years? ☐YES ☐NO
    b. Anytime and remains open? ☐YES ☐NO
31. Are **you**, after inquiry of stockholders, partners and employees, aware of any incident, circumstance, dispute, fee problem, or employee problem, which could result in a claim being made against the Firm, its predecessors, subsidiaries, affiliates or any partner, stockholder or employee? ☐YES ☐NO

*** If Yes to any part of question 30 or 31 please complete the Claim/Incident/Subpoena Supplement**

Insurance Details

32. Either attach a copy of **your** current policy declarations page and all endorsements, **or** provide details of **your** Professional Liability insurance history for the last 5 years:

Insurance Carrier	Policy Period	Limits	Deductible	Premium

33. What is the retroactive date /prior acts date on **your** current policy? *(mm/dd/yyyy)* _____
34. Have **you** ever purchased an **Extended Reporting Period Endorsement**? ☐YES ☐NO
    If **Yes**, please indicate the expiration date of the **ERP** (or note "Unlimited _____
35. What is the requested effective date of coverage? _____
36. Limits of Liability and Deductible requested:

Limit of Liability (per claim/annual aggregate):	
Separate Limit for Claims Expenses?	**☐Y ☐N**
Each Claim: $	
Aggregate: $	

Deductible (per claim/annual aggregate):	
Loss Only Deductible?	**☐ Y ☐N**
Each claim: $	
Aggregate: $	

CPAOnePro APL Application
Cyber and Data Security Supplement

1. Do **you** have a formal procedure for destroying or archiving old client files? ☐YES ☐NO
2. Do **you** have a formal policy regarding the security of client files removed from the office? ☐YES ☐NO
3. Are all client files contained on laptops or portable media devices encrypted? ☐YES ☐NO
4. Do **your** laptops have installed tracking and data removal software? ☐YES ☐NO
5. Are all servers or network computers "firewall" protected against outside access? ☐YES ☐NO
6. Are all firewalls and firewall software current and regularly updated? ☐YES ☐NO
7. Do **you** log and monitor access to your network? ☐YES ☐NO
8. Do **you** have a formal procedure for the disposal of obsolete computers, faxes, scanners and/or hard drives? ☐YES ☐NO
9. How often is sensitive information backed up?
   ☐Daily ☐Weekly ☐Monthly ☐Other _____
10. Does the firm accept credit cards for services rendered? ☐YES ☐NO
    a. If **Yes**, please state the approximate % of revenues from credit card transactions in the last 12 months _____%
    b. What steps are taken to prevent theft of card info?

    _____

    _____

    _____
11. Are all personnel advised of the obligations to secure client privacy? ☐YES ☐NO
12. Do **you** have a client notification system in place in the event of loss or theft of personal records? ☐YES ☐NO
13. Within the past 5 years have any client records in **your** custody or control been lost or stolen? ☐YES ☐NO
14. How frequently are passwords changed?
    ☐Monthly ☐Every 3 Months ☐Every 6 Months ☐Every 9 Months ☐Other _____
15. Do you undertake background checks for all new hires? ☐YES ☐NO
16. Are passwords and network access immediately revoked for former personnel? ☐YES ☐NO

CPAOnePro APL Application
Personal Financial Planning Services Supplement

☐ **Not Applicable**

1. Do **you** maintain a separate business entity to provide Financial Planning Services? ☐YES ☐NO
   a. If **Yes**, please provide the entity name: _____
   b. If **Yes**, does it have the same ownership as the accounting firm? ☐YES ☐NO
      If **No** please explain: _____
2. Do **you** secure separate Errors & Omissions coverage with **your** Broker/Dealer? ☐YES ☐NO
3. Do **you** desire coverage for these services? ☐YES ☐NO
4. Are **you** a Registered Representative / Account Executive for a Broker/Dealer? ☐YES ☐NO
   If Yes, complete the following

Name of Firm Member	Name of Broker/Dealer

5. Are **you** registered as an Investment Advisor? ☐YES ☐NO
6. Do **you** have any professional qualifications specific to Financial Planning? ☐YES ☐NO
   If Yes, complete the following

Name of Firm Member	Qualification

7. Detail of revenues generated from Financial Planning and Investment Advisory services:

	Actual Last Year	Est. Current Year
Fee based asset management including wrap-up fees	$ _____	$ _____
Commissions and/or contingency fees	$ _____	$ _____
Hourly fees and/or retainers	$ _____	$ _____
Other compensation, referral fees or reciprocity	$ _____	$ _____

   ****Please describe:***

8. Please indicate which services are provided:
   a. Preparation of written financial plans ☐YES ☐NO
   b. Recommendation of individual stocks, bonds, mutual funds or other investments ☐YES ☐NO
   c. Placement of insurance coverage or annuities ☐YES ☐NO
   d. Other financial planning or investment advice ***If Yes, provide details*** ☐YES ☐NO
      If Yes, provide details
9. Value of total funds under asset/portfolio management: $ _____ # of clients _____
10. Do **you** require signed contracts wording to be used for all clients where you have discretionary asset management authority? ☐YES ☐NO
    a. If **Yes**, do the contracts contain Alternative Dispute Resolution wording or clauses? ☐YES ☐NO
    b. If **NO** to either of the above, please explain: _____

CPAOnePro APL Application
Trustee Services and Non-Trustee Asset Management Services Supplement

Trustee Services ☐ Not Applicable

1. Fee arrangement for Trust is determined by:
   ☐Trust Agreement ☐Direct Billing to Trust ☐Other: _____
2. Does the Trustee engage in any of the following activities:
   a. Use of Trust funds to invest in entities in which the Trustee, **you**, or a related individual have an interest or management role? ☐YES ☐NO
      If Yes, provide details
   b. Employment (other than **professional services**) by the Trust of **you** or **your** Employees ☐YES ☐NO
      If Yes, provide details
   c. Use of Trust funds as loans to the Trustee, **you**, or **your** Employees? ☐YES ☐NO
      If Yes, provide details
   d. Delegate any of **your Professional Services** to outside entities? ☐YES ☐NO
      If Yes, provide details
3. Please answer the following questions with regards to Discretionary Authority:
   a. Do **you** have discretionary authority to make individual securities investments on behalf of the Trust? ☐YES ☐NO
      If Yes, provide details
   b. Do **you** employ the services of a professional money manager or investment adviser? ☐YES ☐NO
      If No, provide details
4. Are revenues for Trust services included in the total gross revenues stated in Question 3 in the main Application**?** ☐YES ☐NO
   If No, provide details

Non-Trustee Asset Management Services ☐ Not Applicable

1. Do **you**:
   a. Use a dual signature control procedure on disbursement of funds? ☐YES ☐NO
   b. Ensure all client bank accounts are reconciled by someone other than the firm Personnel authorized to deposit or withdraw from the client's account? ☐YES ☐NO
      If No, provide details
   c. Receive compensation based on any method other than hourly fees? ☐YES ☐NO
      If Yes, provide details
2. Do **you** have an Employee Dishonesty policy that covers theft of client funds? ☐YES ☐NO

Please provide details in the space provided below or indicate if separate addendum attached

_____

_____

_____

CPAOnePro APL Application
Securities Services Supplement

☐ **Not Applicable**

1. Within the last 5 years have **you** provided services to publicly traded clients? ☐YES ☐NO

   If Yes, please provide the following information for each public client:

   a. Name of client _____
   b. Nature of client's business _____
   c. CIK# _____
   d. Years as client _____
   e. Services provided to the client (please check all that apply):
      ☐ Audit/Review ☐ Audit/Review & Tax ☐ Tax Only ☐ All Other (see #3 below)
   f. Last fees billed _____
   g. Were SEC reports prepared? ☐YES ☐NO
   h. Was a qualified opinion issued? ☐YES ☐NO
   i. Have **you** restated any quarterly or annual financial statement for any publicly traded client? ☐YES ☐NO

2. Please complete the following regarding services performed by **you** within the past 5 years in relation to Non-Attest/Tax Securities engagements:

Name of Client	Services Provided[1]	Type of Issue[2]	Year Became Client	Dates of Service	Written Opinion?
					☐YES ☐NO
					☐YES ☐NO
					☐YES ☐NO
					☐YES ☐NO

[1] Indicate: **A** (Projection or Forecast) **B** (Management Advisory Services) **C** (Other, please describe)

[2] Indicate: **PR** (Private Placement) **PUI** (Public Initial Placement) **LTP** (Limited Partnerships)
SY (Syndication) **PUS** (Public Secondary Placement) **B** (Bond, Private)

3. Experience of the Firm's Professional Staff engaged in securities/public audit-related matters:

Name	Securities Billable Hours (Current 12 Months)	Securities Billable Hours (Previous 12 Months)	Years of Securities Experience

4. Do **you** have current membership in Firms Securities Practice Section of the AICPA? ☐YES ☐NO
5. Do **you** have current membership in Public Company Practice Section of the AICPA? ☐YES ☐NO
6. How many hours do **you** require **your** securities accountants to participate in continuing education courses on current securities developments? _____
7. Do **you** have a procedure for keeping current on SEC No Action Letters, advisories and rulings? ☐YES ☐NO
8. Do **you** have a written procedure for new client identification intended to assure that there will be no conflict of interest with respect to matters to be undertaken by **you**? ☐YES ☐NO

9. Is there a written policy requiring yearly reviews of existing clients for potential conflicts? ☐YES ☐NO

10. Do **you** have a written procedure for evaluating a new client seeking securities advice relevant to a proposed transaction or offering to determine the client's financial strength, its management expertise, its reputation, the nature of its business and its history of opinion shopping or changing attorneys and accountants? ☐YES ☐NO

11. Do **you** have a written procedure requiring that at least one accountant, who is not working on the transaction in question, review and approve all written materials to be furnished in the transaction? ☐YES ☐NO

12. Do **you** have a written policy that prohibits **your** firm members from participating in the securities selling process (for example, not participating in marketing meetings or calls involving prospective investors?) ☐YES ☐NO

13. Do **you** have a written policy governing trade and investing in client securities by firm Members ☐YES ☐NO

    If Yes, please answer the following

    a. Does this policy establish rules that distinguish between trading and investing by Securities employees, and trading and investing by non-securities employees? ☐YES ☐NO

    b. Does this policy prohibit firm members with an investment in a client from working on a securities transaction for such client? ☐YES ☐NO

14. Do **you** have a written policy prohibiting any firm member who is a director, officer or general partner of a securities client or limited partnership from working on a securities transaction for such client? ☐YES ☐NO

15. Do **you** have a written policy prohibiting any contingency payment arrangement or any arrangements where a securities client pays for the applicant's services with client securities? ☐YES ☐NO

16. Do **you** have any written procedure that is intended to prevent the improper use of material inside information or the tipping of such information by its firm members? ☐YES ☐NO

17. Do **you** have a written policy requiring Executive or Management Committee review prior to any firm member serving as director, officer or general partner of a securities client? ☐YES ☐NO

18. Do **you** use a written disclaimer or warning on all forecasts and projections? ☐YES ☐NO

    If No, provide details

19. Are assumptions disclosed on all forecasts and projections? ☐YES ☐NO

    If No, provide details

20. During the past 5 years have **you** been the subject of any investigations by the SEC, or been terminated by a securities client, or had a dispute with a client necessitating disclosure to securities regulators? ☐YES ☐NO

    If Yes, provide details

21. During the past five years have you been named as a party to any legal action under the SEC Acts of 1933 or 1934 or state statute relating to the issuance, offering or sale of securities? ☐YES ☐NO

    If Yes, provide details

CPAOnePro APL Application
Financial Institution Services Supplement

***Please answer the following for all engagements.**
****Please attach a listing of all Financial Institution attest clients to this supplement.**

☐ Not Applicable

1. Do **you** have a written policy prohibiting any personnel providing **professional services** to financial institutions from:
   a. Holding stock or other financial interests greater than 5%? ☐YES ☐NO
   b. Acting as a director or officer? ☐YES ☐NO
   c. Holding loans greater than $500,000? ☐YES ☐NO

   If No to any part of Question 1, please explain:

   _____

   _____

   _____

   _____

2. Within the past 5 years have **you** provided **professional services** to any financial institution that was sold due to insolvency? ☐YES ☐NO

   If Yes, please explain

   _____

   _____

   _____

   _____

3. Within the past 5 years have you provided professional services to any financial institution that was taken over by the FDIC? ☐YES ☐NO

   If Yes, please explain

   _____

   _____

   _____

   _____

CPAOnePro APL Application
Business Valuation Supplement

☐ **Not Applicable**

1. Please provide details on the Business Valuation Services rendered in the past fiscal year:

Type of Valuation Performed	# of Valuations	Valuation Fees
Conservation Easements		$
Divorce Assets		$
Donated Property/IRS Valuation		$
Financial Institutions		$
Forensic Accounting		$
Fraud Deterrent		$
Intellectual Property Valuation		$
Investment Companies		$
Litigation Support (not listed elsewhere)		$
M&A Valuation Consulting		$
Manufacturing		$
Natural Resources		$
Personal Property Appraisal		$
Privately Held Companies (not listed elsewhere)		$
Publicly-Traded Companies		$
Real Estate or Real Estate Investment Trusts		$
Software Companies		$
Trust/Estate Assets		$

2. Within the past 5 years have **you** provided a valuation service used in a public securities offering? ☐YES ☐NO

   If Yes, please provide details

   _____

   _____

3. How many of **your** personnel are members of the National Association of Certified Valuation Analysts? _____

4. Please provide the number of **your** personnel who hold each of the following designations:
   a. Certified Valuation Analyst _____
   b. Accredited Valuation Analyst _____
   c. Certified Forensic Financial Analyst and/or Certified Fraud Deterrence Analyst _____

5. Describe the Continuing Education requirements for **your** personnel who offer valuation services:

   _____

   _____

6. Are all personnel in compliance with the Continuing Education requirements describe above? ☐YES ☐NO

7. Please provide a sample copy of engagement letter used when providing Business Valuation services.

CPAOnePro APL Application
Claim/Incident/Subpoena Supplement

This supplement should be completed for each claim, incident, suit, or subpoena the applicant firm is aware of after inquiry of all partners, officers, owners, members, and employees. Please ensure that all questions are answered completely.

☐ **Not Applicable**

1. Name of Claimant/Client Name (Subpoena): _____
2. Indicate type: ☐ Claim ☐ Incident ☐ Subpoena
3. Date of services rendered: _____
4. Type of services rendered: _____
5. Date **you** became aware of claim/incident/subpoena: _____
6. Date reported to **your** insurer: _____
7. Status of claim: ☐ Closed ☐ Open ☐ No activity since
8. If closed, please indicate: Date closed _____ Settlement _____ Legal Expenses _____
9. Was an engagement letter used? ☐ Yes ☐ No
10. Please provide a current loss run*
    *If you reported the claim to us we will attach the loss run.
11. Please provide a description of the claim/incident/subpoena and steps taken by **you** to avoid or mitigate the possibility of a similar claim/incident/subpoena occurring in the future:

_____
_____
_____
_____
_____
_____
_____
_____

CPAOnePro APL Application
Additional Detail Information

Please use this page to provide additional information for any question on this Application. Please identify the question number to which you are referring.

DECLARATIONS AND NOTICE TO APPLICANT

If you are aware of any incident, fact, circumstance, act or omission that could reasonably result in a professional liability claim against you or any insured listed in this Application, you should immediately file a report with your current carrier.

The undersigned, acting on behalf of all Applicants, represents that the statements set forth in this Application are true and correct and that thorough efforts were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all the Applicants and that they are material and are the basis for issuance of the insurance **policy** provided by **us**. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the **policy**. Any material submitted with the Application shall be maintained on file (either electronically or paper) with **us**.

It is further agreed that:

- If any of the Applicants discover or become aware of any significant change in the condition of the Applicants Organization between the date of this Application and the **policy** inception date, which would render the Application inaccurate or incomplete, notice of such change will be reported in writing to us as soon as practicable;
- Any **policy** issued, will be in reliance upon the truthfulness of the information provided in this Application; provided, however, with respect to such information, no knowledge or information possessed by any Applicant shall be imputed to any other Applicants. If any person or persons knew as of the **policy** inception date that such information contained in the Application(s) was untrue, inaccurate or incomplete, then Coverage may be denied with respect to that person or persons if such information was material to issuance of the **policy**. However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Executive Director of the Applicant knew as of the **policy** inception date that such information contained in the Application(s) was untrue, inaccurate or incomplete, then Coverage may be denied with respect to that person or persons and the Applicant Organization if such information was material to issuance of the **policy**;
- Statements in the Application, facts pertaining to or knowledge possessed by the individual signing the Application shall be imputed to the Applicant; and
- The signing of this Application does not bind the undersigned to purchase insurance.

NOTICE TO NEW YORK RESIDENTS: 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.

Except to such extent as may be provided otherwise in the policy, the policy for which Application is being made is limited for ONLY THOSE CLAIMS FIRST MADE AGAINST YOU while the policy is in force.

Signature of Applicant* _____ Date _____

Title _____

*** Must be signed by Chief Executive Officer, President, Chief Financial Officer, Managing Partner or Owner. The completion of this form does not bind or guarantee coverage**

Program Administrator: McGowan & Company, Inc.

Submitting Producer: _____ License: _____

Anti-Fraud Agreement, Insurance Terms & Conditions & Agreement, Membership Terms & Conditions (Including Fee Disclosure) Agreement

The Undersigned Insurance Broker And Applicant Declare And Warrant That To The Best Of Their Knowledge And Belief, After Reasonable Inquiry, That The Information And Statements Set Forth In This Application (Including The Supplemental Applications And Schedules) Are True and Complete. The Undersigned Further Declares That Any Occurrence Or Event Taking Place Prior To The Effective Date Of The Insurance Applied For Which May Render Inaccurate, Untrue, Or Incomplete Any Statement Made Will Immediately Be Reported In Writing To The Insurer And The Insurer May Withdraw Or Modify Any Outstanding Quotations And/Or Authorization Or Agreement To Bind The Insurance. The Insurer Is Hereby Authorized, But Not Required, To Make Any Investigation And Inquiry In Connection With The Information, Statements And Disclosures Provided In This Application, The Decision Of The Insurer Not To Make Or To Limit Any Investigation Or Inquiry Shall Not Be Deemed A Waiver Of Any Rights By The Insurer And Shall Not Stop The Insurer From Relying On Any Statement In This Application In The Event The Policy Is Issued. Any Person Who Knowingly And With Intent To Defraud Any Insurance Company Or Other Person Files An Application For Insurance Containing False Information Concerning Any Material Fact Thereto, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime.

Purpose & Effect Of "Application For Insurance & Purchasing Group Membership." By Signing This "Application For Insurance & Purchasing Group Membership" (Hereinafter "Application"), Applicant Agrees: (1) To Become A Member Of National Small Business PG, Inc. (Hereinafter "PG"); (2) To Participate In A Program Of Insurance Designed Exclusively For The Members Of PG; (3) To Accept, Abide By, And Be Bound By The "Terms & Conditions Of Insurance" Posted At www.purchasinggroups.com; (4) To Accept, Abide By, And Be Bound By The "Membership Agreement – Terms & Conditions Of Membership" Posted At www.purchasinggroups.com; (5) To Pay All Premiums (Including Audit And Additional Premiums, If Applicable), Fees (Including Broker & Purchasing Group Membership Fees), And State & Federal Taxes & Surcharges (If Applicable) When Due; (6) That Any Additional Materials Or Information Supplied By Applicant Or Applicant's Insurance Broker To The Program Administrator For A Given Program Of Insurance (e.g. – Including, But Not Limited To, Supplementals, Schedules & ACORD Applications) Become A Material Part Of The Application For Insurance; (7) That This Application Which It Signs Is The Basis Of The Contract [Policy &/Or "Evidence Of Insurance & Purchasing Group Membership" (Hereinafter "EOI")], Whether Or Not Said Application Is Attached To The Policy &/Or EOI; (8) That This Application Is A Material Part Of The Policy &/Or EOI, Whether Or Not It Is Attached To The Policy &/Or EOI; And, (9) That This Application Is Considered Attached To The Policy &/Or EOI For Legal Purposes, Whether Or Not It Is Physically Or Electronically Attached To The Policy &/Or EOI.

Disclosure Regarding Shared Limits. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

Disclosure Pursuant To Federal Law Regarding Purchasing Groups [U.S.C. 15 3901, Et Seq.] PG Is A "Purchasing Group," As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

Disclosure Pursuant To Terrorism Risk Insurance Act Of 2002 [Et Seq.]. By Signing Below, Applicant Agrees That It Has Read And Understands The "Disclosure Pursuant To The Terrorism Risk Insurance Act Of 2002" Which Appears At www.purchasinggroups.com .

To Learn More. Please Visit www.purchasinggroups.com, Which Contains More Information About Your Purchasing Group And Purchasing Groups, In General, As Well As Your Insurance Coverage, Premiums, Fees, Taxes, The MGUs' Income, And Your Insurance Broker's Income.

Signature of Applicant **Date**	**Signature of Insurance Broker** **Date**
Print Name	**Print Name**
Title (Authorized Representative of Applicant)	**Insurance Broker** **Title**

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