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TEL 617 471 7171 / TF 800 972 5381
FAX 617 471 7180 / TF 888 628 1906
EMAIL info@xsbrokers.com

WEB
xsbrokers.com

INSTRUCTIONS

1. Please answer all questions, leave no blank spaces.
2. If space is insufficient to answer fully any questions, attach separate sheet.
3. Application must be signed and dated by owner, partner or officer.

NAME OF AGENT:

ACCOUNTANT'S PROFESSIONAL INDEMNITY INSURANCE APPLICATION FORM

(THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY)

NOTE: *In applying for the coverage, the applicant understands that in the event of an insured loss, the limit of liability and deductible shall be inclusive of the loss payment and the claim expenses as defined in the policy.*

1. NAME OF FIRM:

.....

2. ADDRESS:.....

.....

.....

3. (a) ADDRESSES OF BRANCH OFFICES:

.....

(b) A PARTNER OR OFFICER IS IN FULL TIME ATTENDANCE AT EACH BRANCH OFFICE EXCEPT (PLEASE STATE):

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9. (a) APPLICANT'S TOTAL GROSS BILLING LAST FISCAL YEAR \$
(b) APPLICANT'S ESTIMATED GROSS BILLINGS NEXT FISCAL YEAR \$
(c) GROSS BILLING RECEIVED FROM: NATURE OF BUSINESS
- | | | | |
|-------------------|---------|--------|-------|
| 1. Largest Client | \$..... |% | |
| 2. Second Largest | \$..... |% | |

10. DOES THE FIRM, OR ANY OF ITS OWNERS, PARTNERS OR OFFICERS WHOLLY OR PARTLY OWN, OPERATE OR MANAGE ANY OTHER FIRM, ORGANIZATION OR CORPORATION FOR WHICH IT RENDERS PROFESSIONAL SERVICES? YES () NO ()
- IF "YES", GIVE FULL PARTICULARS
-
.....

11. STATE THE PERCENTAGE OF GROSS BILLINGS DERIVED FROM EACH OF THE FOLLOWING TYPES OF ENGAGEMENTS:
- A. AUDIT ENGAGEMENTS:
 - BANKS AUDIT %
 - SAVINGS AND LOAN AUDIT %
 - FINANCIAL INSTITUTIONS AUDIT %
 - GOVERNMENTAL AUDITS %
 - ALL OTHERS (DESCRIBE) %
 - B. PREPARATION OF REVIEW STATEMENTS %
 - C. BOOKKEEPING COMPILATION AND WRITE-UP SERVICES %
 - D. TAX WORK %
 - E. INVESTMENT ADVICE INCLUDING TAX SHELTER ADVICE %
 - F. ACQUISITION EVALUATION AND PROJECTIONS %
 - G. FINANCIAL PLANNING %
 - H. FIDUCIARY:
 - ADMINISTRATOR, EXECUTOR OR ERISA TRUSTEE %
 - BANKRUPTCY TRUSTEE OR RECEIVER %
 - OTHER TRUSTEES %
 - RECEIVING OR DISBURSING CLIENTS FUNDS %
 - I. MANAGEMENT ADVISORY SERVICES (DESCRIBE) %
 - J. ELECTRONIC DATA PROCESSING & CONSULTATION %

- K. SEC OR "BLUE SKY" SECURITIES ACTIVITY (PLEASE SPECIFY) %
- L. OTHER (PLEASE SPECIFY) %

12. DOES APPLICANT OR ANY MEMBER OF APPLICANT'S STAFF
- A. ORGANIZE OR ARRANGE TAX SHELTERS, REAL ESTATE INVESTMENTS OR OTHER INVESTMENT VENTURES? YES () NO ()
- B. RECEIVE ANY COMMISSION, FINDERS FEES, RECIPROCITY OR PARTICIPATION FROM SELLERS OR PROMOTERS OF AN INVESTMENT OR TAX SHELTER, SECURITIES OR INSURANCE YES () NO ()
- C. ACT AS MANAGER OR GENERAL PARTNER OF ANY INVESTMENT SYNDICATE OR LIMITED PARTNERSHIP? YES () NO ()
- D. PARTICIPATE IN THE MANAGEMENT OF ANY INVESTMENT SYNDICATE OR LIMITED PARTNERSHIP, TAX SHELTER OR OTHER INVESTMENT VENTURE? YES () NO ()
- E. MAINTAIN A SYSTEM TO INSURE TIMELY COMPLETION OF ENGAGEMENTS, REPORTS AND RETURNS? YES () NO ()
- F. PERFORM SERVICES FOR ANY CLIENTS THAT ARE PROFESSIONAL ENTERTAINERS OR IN THE PROFESSIONAL SPORTS BUSINESS? IF "YES", PLEASE LIST ON A SEPARATE SHEET. YES () NO ()
- G. PERFORM SERVICES FOR ANY CLIENT IN WHICH ANY MEMBERS OF THE APPLICANT AND HIS/HER RELATIVES OWNS AN EQUITY OR FINANCIAL INTEREST OR SERVE AS AN OFFICER, DIRECTOR, TRUSTEE OR PARTNER? YES () NO ()
IF "YES", PLEASE LIST ON A SEPARATE SHEET.
- H. WHOLLY OR PARTLY OWN, OPERATE OR MANAGE ANY OTHER FIRM, ORGANIZATION OR CORPORATION FOR WHICH IT RENDERS PROFESSIONAL SERVICES? YES () NO ()
IF "YES", LIST ON A SEPARATE SHEET.
- I. INVEST ANY CLIENT'S FUNDS OR HAVE DISCRETIONARY CONTROL OF ANY CLIENTS FUNDS? YES () NO ()
- J. IS THE APPLICANT OF ANY MEMBER OF THE APPLICANT'S FIRM:
1. A LAWYER? YES () NO ()
 2. A REAL ESTATE AGENT/BROKER? YES () NO ()
 3. A SECURITIES BROKER/DEALER? YES () NO ()
 4. AN INSURANCE AGENT/BROKER? YES () NO ()
 5. A REGISTERED INVESTMANT ADVISOR? YES () NO ()
 6. A REGISTERED REPRESENTATIVE? YES () NO ()

12. CONTINUED.....

K. ON ALL ENGAGEMENTS WHERE APPLICANT IS ASSOCIATED WITH FINANCIAL STATEMENTS, INCLUDING COMPILATIONS

1. DOES FIRM REQUIRE ENGAGEMENT LETTER STIPULATING NATURE AND SCOPE OF WORK TO BE PERFORMED? YES () NO ()

2. IS ENGAGEMENT LETTER UPDATED ANNUALLY OR AS ENGAGEMENT CHANGES? YES () NO ()

13. LIST THE NAMES AND DETAILS OF YOUR ERRORS AND OMISSIONS CARRIER FOR THE PAST 3 YEARS:

<u>YEAR</u>	<u>CARRIER</u>	<u>LIMIT</u>	<u>DEDUCTIBLE</u>	<u>PREMIUM</u>
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14. HAS ANY APPLICATION FOR SIMILAR INSURANCE ON BEHALF OF THE FIRM, OR ANY OF ITS OWNERS, PARTNERS OR OFFICERS, OR TO THE KNOWLEDGE OF THE NAMED FIRM, ON BEHALF OF ITS PREDECESSORS IN BUSINESS, EVER BEEN CANCELLED, DECLINED OR RENEWAL REFUSED?

YES () NO ()

IF "YES", GIVE FULL PARTICULARS

.....

15. HAVE ANY CLAIMS BEEN MADE DURING THE PAST TEN YEARS AGAINST THE FIRM, OR ANY OF ITS PAST OR PRESENT OWNERS, PARTNERS, OFFICERS OR EMPLOYERS, OR ITS PREDECESSORS IN BUSINESS?

YES () NO ()

IF "YES", GIVE FULL PARTICULARS, INCLUDING NAME OF CLAIMANT, DATES, AMOUNTS OF CLAIM, DEDUCTIBLE AND PAYMENT MADE:

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.....

16. IS THE FIRM AWARE OF ANY CIRCUMSTANCES, OR ANY ALLEGATION OR CONTENTIONS AS TO ANY INCIDENT, WHICH MAY RESULT IN A CLAIM BEING MADE AGAINST THE FIRM OR ANY OF ITS PAST OR PRESENT OWNERS, PARTNERS, OFFICERS, EMPLOYEES OR PREDECESSORS IN BUSINESS?

YES () NO ()

IF YES, ATTACH A STATEMENT GIVING FULL PARTICULARS.

17. STATE ANNUAL AGGREGATE LIMIT OF LIABILITY DESIRED \$.....
STATE POLICY EXCESS (EACH & EVERY CLAIM) DESIRED \$

I/WE HEREBY DECLARE THAT THE ATTACHED STATEMENTS AND PARTICULARS ARE IN ALL RESPECTS TRUE AND ARE MATERIAL TO THE ISSUANCE OF INSURANCE HEREIN AND THAT I/WE HAVE NOT OMITTED OR SUPPRESSED OR MIS-STATED ANY FACTS AND I/WE AGREE THAT THIS PROPOSAL FORM SHALL BE THE BASIS OF THE CONTRACT AND SHALL BE DEEMED A PART OF THE POLICY AS IF ANNEXED THERETO. SIGNATURE OF THIS FORM DOES NOT BIND THE FIRM OR THE UNDERWRITERS TO COMPLETE THE INSURANCE.

NAME OF FIRM *BY*
Owner, Partner or Officer
(Must be Signed)

DATE *TITLE*