

ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE APPLICATION

NOTICE: This professional liability coverage is provided on a "claims-made" basis; therefore, only claims which are first made against you, and reported to the Company, during the policy term, any subsequent renewal of this policy or any extended reporting period are covered, subject to policy provisions.

Please attach a sample of your letterhead to this application.

1. The precise name of the Applicant Firm, which is submitting this Application:

Applicant Firm's Tax ID #: _____ The Applicant Firm is a(n): *Individual* *Partnership*
 Professional Association *Professional Corporation* *LLC or LLP* *Other:* _____

2. Is the Applicant Firm engaged in the practice of accountancy? (If you answer "No," please contact your agent before proceeding) *YES* *NO*

3. Applicant Firm's principal location:

Address: _____ City _____ State _____
 Zip Code _____ Phone _____ E-Mail _____
 Web-Site _____

4. Applicant Firm's mailing address (if different than above): *Same as Above*

Address: _____ City _____ State _____
 Zip Code _____ Phone _____

5. When was the Applicant Firm established? ____ / ____ / ____ (Month/Day/Year)

6. If Applicant Firm has been established less than six years, please list: *not applicable*

Name(s) of Predecessor Firm	Date(s) Formed	% Owned by Current Members of Applicant Firm	Did Firm Dissolve; Change Name or Form; or Continue to Exist?	Last Known Professional Liability Insurer	Predecessor Firm's Retroactive Date
	/ /				/ /
	/ /				/ /

7. Does your firm practice from additional offices? YES NO (If "yes," please provide a copy of the letterhead for each satellite office.)

8. Please list here the Applicant Firm's staff breakdown, and revenues:

Number of Full-Time Equivalent CPA's	Number of Full-time Equivalent non-CPA Accounting Professionals	Number of Full-Time Equivalent Support Staff

Most recently ended fiscal year's Revenues	Current fiscal year's projected Revenues
\$	\$

9. Has any member of the Applicant Firm or any Predecessor Firm been subject of a complaint, disciplinary action or reprimand by any state board, the SEC, I.R.S., governmental regulatory or tax authorities, or any accounting society? YES NO (If "Yes", please provide details).

10a. Does Applicant Firm share office space with professionals/firms other than those listed in Question 8? YES NO (If No, skip to question 11)

b. If Applicant Firm shares offices with other professionals, does your firm keep separate files, employ separate support staff and present itself as an independent practice to the public? YES NO

The name of the firm with whom the Applicant Firm shares offices is _____.

11. Area of Practice: Please identify the Applicant Firm's areas of practice with the number representing the percentage of gross income derived from that area during the past year. The total of these must be 100 and must represent all areas of practice.

Area of Practice	%	Engagement Letters Used
Public Company Audit		<input type="checkbox"/> YES <input type="checkbox"/> NO
Other Audit		<input type="checkbox"/> YES <input type="checkbox"/> NO
Other Attest/Assurance Services (Describe the services provided on a separate sheet)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Review		<input type="checkbox"/> YES <input type="checkbox"/> NO
Compilation		<input type="checkbox"/> YES <input type="checkbox"/> NO
Bookkeeping		<input type="checkbox"/> YES <input type="checkbox"/> NO
Individual Tax		<input type="checkbox"/> YES <input type="checkbox"/> NO
Business Tax		<input type="checkbox"/> YES <input type="checkbox"/> NO
Consulting Services (Describe the services provided on a separate sheet)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Estate Tax		<input type="checkbox"/> YES <input type="checkbox"/> NO
Fiduciary Services		<input type="checkbox"/> YES <input type="checkbox"/> NO
Litigation Support		<input type="checkbox"/> YES <input type="checkbox"/> NO

Area of Practice	%	Engagement Letters Used
Securities Activities		<input type="checkbox"/> YES <input type="checkbox"/> NO
Forecasts/Projections		<input type="checkbox"/> YES <input type="checkbox"/> NO
Business Valuations		<input type="checkbox"/> YES <input type="checkbox"/> NO
Business Planning (Describe the services provided on a separate sheet)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Personal Financial Planning and Investment Advisory Services (Describe the services provided on a separate sheet)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Other (Describe the services provided on a separate sheet)		<input type="checkbox"/> YES <input type="checkbox"/> NO

12. Have any individuals in the Applicant Firm, or any Predecessor Firm, in the past two years provided these services to any financial institution client:

a. any regulatory, securities or compliance services? YES NO

- b. any services for an institution in which an Applicant member held an equity or management interest? YES NO
 - c. whose deposits are not insured by a government agency such as the FDIC or NCUA? YES NO
 - d. which was either in its formative stage, or which has at any point since been insolvent? YES NO
 - e. For which they were an officer, director, or general counsel? YES NO
- (If any parts of question 12 are answered "yes," please provide a complete description including the name of the institution, and describing the entire relationship between the Applicant Firm and the institution.)

13. How many suits for collection of fees have been filed by the Applicant Firm or Predecessor Firms during the past two (2) years? _____ How many of these suits have been resolved successfully? _____ Dollar amount of fee suits last year? \$_____ Dollar amount of suits previous year? \$_____

14. Has the Applicant Firm, or any Predecessor Firm ever conducted SEC services or audits for any Publicly Held Companies? YES NO If "YES", please complete the *Public Company Audit Supplement*.

15. Within the past six years have any of the Applicant Firm's accountants served as a director, an officer, or an employee of any client; or owned an equity interest in any client; or does any client represent more than 25% of Applicant Firm's revenues? YES NO If "yes", please provide the following for each:

Name of Client	Nature of Business	Services Provided	% of Firm's Revenue Derived From Client	% of Equity Interest, \$ value of Interest	Applicant Accountant Holding a Position in this Client	Position in Client Held by Applicant Accountant
				/		
				/		
				/		
				/		

16. Does any member of the Applicant Firm hold any professional license other than for accountancy? If "yes," please complete the following:

Name of Individual	Profession	Annual Income Derived From Profession	Name of carrier for separate professional liability insurance

17. During the past six years, has any insurer of the Applicant Firm, Predecessor Firm or Prior Firm canceled or refused to renew professional liability insurance for any reason other than carrier's withdrawal from the market? YES NO If you answer this question "Yes," please provide details.

18a. After inquiry, are any individuals of the Applicant Firm aware of any professional liability claims made against them, the Applicant Firm or a Predecessor Firm in the past six years, including those which may have been made against them while with a Prior Firm?
 YES NO If "Yes," complete a Claim Supplement Form for each event.

b. After inquiry, are any individuals of the Applicant Firm aware of any actual or alleged act, error, omission, incident or circumstance, which might reasonably result in a claim against them, the Applicant Firm or against any members of a Predecessor Firm in the past six years? YES NO If "Yes," complete a Claim Supplement Form for each event.

Please advise the number of events which are applicable under 18a or 18b: _____
 For all events listed in questions 18a and b, a separate Claim Supplement Form must be completed. Additional information may be provided at the option of the Applicant Firm.

Claim Supplement

(only to be completed if 18a or b is answered "yes.")

1. Please identify the name of the claimant or party who has alleged or who may allege that an error or omission has occurred? _____

2. Please provide the date and describe the circumstances, which caused you to become associated with the party identified in the above question:

3. Check all which have occurred: The Applicant Firm has become aware of an error/omission
 An error/omission has been alleged A suit has been brought against the Applicant Firm

4. Date and location of alleged error/omission: _____

5. If applicable, date which claim was made against the Applicant Firm: _____

6. Date on which any member of Applicant Firm first became aware of the actual or alleged claim or error, omission, incident or circumstance?

7. Has this matter been reported to an insurance company? YES NO If "Yes" attach copies of the written notice to the insurer and its acknowledgement of coverage.

8. Is this an open or closed matter? Open Closed If Open: provide Indemnity Reserves \$_____, Expense Reserves \$_____ Expenses Paid to Date \$_____, If Closed: provide Indemnity Paid \$_____, Expense Paid \$_____.

9. Did this matter arise subsequently to the Applicant Firm's having filed suit for the collection of its unpaid fees? YES NO

10. Please describe any corrective actions which the Applicant Firm has undertaken: _____

19a. Please provide the following information for the Applicant Firm/Predecessor Firm's most recent professional liability policy (new applicants only):

Effective Date	Expiration Date	Insurer	Per Claim Limit	Aggregate Limit	Deductible	Premium
/ /	/ /					

- b. Does the Applicant Firm's policy currently have a retroactive date restriction?
 YES NO
 If so, what is the date? ___/___/___

c. Please note that coverage will be offered only at the company's election. Coverage terms offered also are subject to determination by the insurer. Please indicate the limit and deductible for which you wish to receive a quotation:

Limits

- | | | |
|--|--|--|
| <input type="checkbox"/> \$100,000/\$300,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000 | <input type="checkbox"/> \$3,000,000/\$3,000,000 |
| <input type="checkbox"/> \$250,000/\$500,000 | <input type="checkbox"/> \$1,000,000/\$2,000,000 | <input type="checkbox"/> \$4,000,000/\$4,000,000 |
| <input type="checkbox"/> \$500,000/\$500,000 | <input type="checkbox"/> \$2,000,000/\$4,000,000 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> \$500,000/\$1,000,000 | | |

Deductibles

- | | | |
|----------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$20,000 |
| <input type="checkbox"/> \$2,000 | <input type="checkbox"/> \$7,500 | <input type="checkbox"/> \$25,000 |
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> \$3,000 | <input type="checkbox"/> \$15,000 | |

REPRESENTATIONS: I/We affirm that the information contained here and in any addendum is true to the best of my/our knowledge and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to the Company or its representatives.

NOTICE TO 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED

PROGRAM, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO 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) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: 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."

NOTICE TO 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."

NOTICE TO 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."

Signature of Applicant:

Must be Partner or Officer* _____

Title _____ DATE _____

NOTICE

1. Any claim or incident:
 - a) reported on question 18a, or 18b; or
 - b) of which any member of the applicant firm has knowledge prior to policy inception will not be afforded coverage under any policy which may subsequently be issued by and of the Philadelphia Insurance Companies.

2. Failure to report to your current insurance company any:
 - a) claim made against you during your current policy term; or
 - b) fact, circumstance or event of which your accountants are aware, which may give rise to a claim BEFORE policy expiration, may create a lack of coverage.



Philadelphia Insurance Companies
 One Balboa Plaza, Suite 100, Balboa City, Pennsylvania 19004
 800.873.4552

ACCOUNTANTS' PROFESSIONAL LIABILITY INSURANCE APPLICATION
CLAIM INFORMATION SUPPLEMENT
Supplement #1

Please complete this Supplement if you answered "No" to question 2a or 2b or "Yes" to question 19 of the application. Submit one form for each claim or incident. If space is insufficient to answer any question completely, attach a separate sheet.

1. Full name of Applicant Firm: _____
2. Full name of firm which reported claim (if different from above): _____
3. Full name of Claimant: _____
4. Indicate whether: Claim/Suit Incident/Potential Claim
5. Date/Period of alleged error: ____/____/____
6. Date claim reported to insurance carrier: ____/____/____
7. Other parties against which this claim was made: _____
8. The claim is: OPEN CLOSED
9. If CLOSED, indicate date closed: ____/____/____

10. Please complete the following:

If Claim is still open:

- A. Claimant's settlement demand: \$ _____
- B. Defendant's offer for settlement: \$ _____
- C. Insurance Co.'s loss reserve: \$ _____
- D. Deductible: \$ _____
- E. Amounts paid to date: \$ _____

If Claim is closed:

- A. Loss paid in excess of Deductible: \$ _____
- B. Expenses paid in excess of Deductible: \$ _____
- C. Deductible: \$ _____
- D. Settlement reached via:
 - Court Judgment
 - Formal Mediation/Arbitration Proceeding
 - Out of Court Settlement

Note: If information is not available, please provide a copy of the suit papers.

11. Name of insurance company: _____
12. Claim number: _____
13. Description of claim/situation:
 - A. Provide a full description of the engagement, the events leading up to the claim, the allegations asserted against your firm and the current status of the matter. Please indicate if the claimant was your client; if no, fully explain claimant's relationship to client: _____

 - B. Was an engagement letter used? Yes No
 - C. What action has your firm taken to prevent a recurrence of such a claim in the future? _____

 - D. Did this incident or claim follow or result from an action to collect fees? Yes No

I understand information submitted herein becomes a part of my Philadelphia Insurance Companies Accountants' Professional Liability Application and is subject to the same conditions as stated on page 2 of the application.

Signature _____ Title _____ Date _____

(This Application must be signed by an Owner, Partner or Principal of the Firm)



Philadelphia Insurance Companies
 One Bank Plaza, Suite 100, Bank City, Pennsylvania 19004
 800 873 4552

ACCOUNTANTS' PROFESSIONAL LIABILITY INSURANCE APPLICATION

AUDIT ENGAGEMENTS SUPPLEMENT

Supplement #2

Please complete this Supplement if you answered "Yes" to question 4 of the Application, or if your firm performs any Audit engagements as indicated in question 24 of the Application. Please answer each question completely.

1. Full name of Applicant Firm: _____
2. Provide the number of **Audit** engagements conducted within the last fiscal year in each of the following categories:

	TYPE OF AUDIT	NO. OF AUDITS	% OF GROSS BILLINGS
a.	Agricultural Procedures & Cooperatives		
b.	Airlines		
c.	Financial Institutions (Please complete Supplement #4)		
d.	Brokers and Dealers in Securities		
e.	Casinos		
f.	Colleges and Universities		
g.	Common Interest Realty Associations		
h.	Construction		
i.	Benefit Plan		
j.	Federal Government Contractors		
k.	Providers of Health Care Services		
l.	Investment Companies		
m.	Non-Profit Organizations		
n.	Oil and Gas Producers		
o.	Property and Liability Insurance Co.		
p.	State and Local Government Units		
q.	Life Insurance Companies		
r.	Voluntary Health and Welfare Organizations		
s.	Factoring Companies		
t.	Real Estate		
u.	Real Estate Investment Trust		
v.	Manufacturing		
w.	Retailing		
x.	Entertainment/Sports		
y.	Other (Please specify) _____		
TOTAL = audit percent in Question 24 of Application:			

3. Has your firm provided **audit services** for **factoring companies** in the past five years? Yes No
 If Yes, please provide details below:

FACTORING COMPANY'S CLIENT BASE	SERVICES RENDERED	NO. OF YEARS AUDITING CLIENT

4a. Has your firm performed **Audits of Publicly Held** companies in the last three years? Yes No

If Yes, also complete the SEC Supplement #3.

If Yes, list number of audits performed: _____

and industry type: _____

4b. Were any of the aforementioned audits subsequently used in an Initial Public Offering? Yes No

If Yes, please provide an explanation. _____

5. During the last three years, did any of your **government entity audit clients invest in Derivative Securities?**

Yes No If Yes, please provide an explanation. _____

6. Does your firm apply generally accepted auditing standards to all audit engagements? Yes No

If No, please attach explanation. _____

7. Does your firm have and use the applicable AICPA industry audit guides? Yes No

8. Please describe your firm's continuing education requirements for your CPAs who undertake audit engagements:

9. What is the source of your audit programs? (PPC, AICPA) _____

10. Does your firm use the AICPA Audit Risk Alerts? Yes No If No, please explain how you keep current on the changing standard of care for your audit clients: _____

I understand information submitted herein becomes a part of my Philadelphia Insurance Companies Accountants' Professional Liability Application and is subject to the same conditions as stated on page 2 of the application.

Signature

Title

Date

(This Application must be signed by an Owner, Partner or Principal of the Firm)



Philadelphia Insurance Companies
 One Bank Plaza, Suite 100, Bank City, Pennsylvania 19004
 800 873 4552

ACCOUNTANTS' PROFESSIONAL LIABILITY INSURANCE APPLICATION
SEC INFORMATION SUPPLEMENT
Supplement #3

Please complete this Supplement if you answered "Yes" to question 8 on the application. If space is insufficient to answer any question completely, attach a separate sheet.

1. Full name of Applicant Firm: _____

2. List the names of all accountants engaged in securities practice:

NAME	YEARS OF SEC EXP.	NAME	YEARS OF SEC EXP.

3. Gross income derived from securities practice:

Last fiscal year: \$ _____ Anticipated next fiscal year: \$ _____

4. List all securities offerings, private placements and limited partnerships involved with in the past five years:

YEAR	CLIENT	INDUSTRY	SIZE OF OFFERING	Primary (P) or Secondary (S)

5. Other than primary or secondary offerings, describe in detail any other work involving securities practice:

CLIENT	INDUSTRY	NUMBER OF SHAREHOLDERS	10K		10Q	
			YES	NO	YES	NO

Is your firm's work included in a 10K or 10Q report that another firm produces? Yes No If Yes, complete the following:

CLIENT	INDUSTRY	NUMBER OF SHAREHOLDERS	10K		10Q	
			YES	NO	YES	NO

6. Has the Applicant Firm (including any predecessor firms), or any past or present employees or partners of the applicant been subject to any disciplinary proceedings before the SEC or state securities authorities within the past ten years? Yes No If Yes, please provide an explanation. _____

7. Does your firm use engagement letters on all SEC engagements? Yes No
8. Does your firm have written client acceptance procedures?
If Yes, please provide an explanation. Yes No
9. Do any of your SEC clients have a negative net worth?
If Yes, please provide an explanation. Yes No
10. Has there been a change in the controlling ownership of the client company(ies)
during the last fiscal year? If Yes, please provide an explanation. Yes No
11. Has there been a change in the executive management of the client company(ies)
during the last fiscal year? If Yes, please provide an explanation. Yes No

I understand information submitted herein becomes a part of my Philadelphia Insurance Companies Accountants' Professional Liability Application and is subject to the same conditions as stated on page 2 of the application.

Signature

Title

Date

(This Application must be signed by an Owner, Partner or Principal of the Firm)



Philadelphia Insurance Companies

One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004
800.873.4552

ACCOUNTANTS' PROFESSIONAL LIABILITY INSURANCE APPLICATION FINANCIAL INSTITUTION SUPPLEMENT Supplement #4

Please complete this Supplement if you answered "Yes" to question 9 of the Application. If you answer "Yes" to question 2 of this Supplement, please copy this form and fill out a separate form for each engagement. If space is insufficient to answer any question completely, attach a separate sheet.

1. Full name of Applicant Firm: _____
2. Complete the following if your firm has performed audits and/or directors examinations for Depository Institutions insured by the FDIC, NCUA (credit unions) or State Insurance Funds within the past five years.

NAME AND LOCATION	TYPE OF INSTITUTION	YEAR ANT TYPE OF ENGAGEMENT	EQUITY/ASSET RATIO AS OF THE LAST QUARTER	ACCOUNTING FEES FROM SAID ENGAGEMENT

3. Has any member (or former member) of your firm:
 - a. Had unsecured loan commitments with the above institution(s)? Yes No
If Yes, please attach an explanation.
 - b. Held stock or other financial interest in the above institution(s)? Yes No
If Yes, what is the equity percentage? _____ %
 - c. Acted as a director or officer of the above institution(s)? Yes No
 - d. Been a member of the following internal committees of the above institution(s)?
 - Executive Committee Yes No
 - Loan Policy Committee Yes No
 - Audit Committee Yes No
 - Other (Describe) _____ Yes No
4. Does your firm have a policy prohibiting any member from acting as a director or officer of a financial institution which is also a client of the firm? Yes No
If No, please attach an explanation.

I understand information submitted herein becomes a part of my Philadelphia Insurance Companies Accountants' Professional Liability Application and is subject to the same conditions as stated on page 2 of the application.

Signature _____ Title _____ Date _____

(This Application must be signed by an Owner, Partner or Principal of the Firm)



Philadelphia Insurance Companies
 One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004
 800 873 4552

ACCOUNTANTS' PROFESSIONAL LIABILITY INSURANCE APPLICATION
OUTSIDE INTERESTS & MISCELLANEOUS SUPPLEMENT
Supplement #5

Please answer only the questions below that the application prompted you to do so. Note that the numbers below correspond to the questions on the application.

Full name of Applicant Firm: _____

1. If you answered "No" to this question, please explain: _____

3. If you answered "No" to this question, please explain your current procedures: _____

5. If you answered "Yes" to this question, please provide details below:

CLIENT	EQUITY %	POSITION HELD IN CLIENT FIRM	TYPE OF ENGAGEMENT	FEES

6. If a member of your firm provides services as an Attorney, Realtor, Insurance Agent, Securities Broker or in any other non-accounting professional capacity, please provide details below:

NAME	TYPE OF LICENSE	PROFESSIONAL LIABILITY INSURER	POLICY LIMITS

7. If you answered "Yes" to this question, please describe the changes in your firm: date of change, name of acquired/merged firm, dissolution date, prior coverage carried by any acquired or merged firm including retro date.

Whether your firm is a result of a merger or a dissolution of a prior firm, did the prior firm bring a principal and more than 50% of their billings to your firm, and was an ERP purchased? _____

10. If you answered "Yes" to this question, please explain your services and provide the fees for those services:

11. If you answered "Yes" to this question, please provide details below:

NAME OF TRUST/ESTATE	TYPE OF TRUST	DOLLAR VALUE OF TRUST	DESCRIPTION OF SERVICES

12. If you answered "Yes" to this question, please provide details below:

ANNUAL \$ AMOUNT	SERVICES PROVIDED	DESCRIPTION OF INTERNAL CONTROLS	TYPE OF CLIENT

13. If you answered "Yes" to this question, please provide details below:

CLIENT NAME	FEE AMOUNT	DATE OF SUIT	STATUS

14. If you answered "Yes" to this question, please provide details: _____

15a. If you answered "Yes" to this question, please explain your services and provide the fees for those services:

15b. If you answered "Yes" to this question, please fully explain your services: _____

16. If you answered "Yes" to this question, please provide details below:

CLIENT NAME	TYPE OF ENGAGEMENT	DATE OF SERVICES	DATE OF BANKRUPTCY

Had any errors, irregularities, or illegal acts been detected prior to, or in the course of performing the services outlined in question 16 of the application? Yes No If Yes, please provide details below:

17. If you answered "Yes" to a, b, or c, please provide details: _____

18. If you answered "Yes" to this question, please provide details: _____

24. If you do not use engagement letters on Audit Services, please explain. If you do not update them annually, please explain. _____

If you do not use engagement letters on all Review Services, please explain. If you do not update them annually, please explain. _____

28. If you answered "No" to any of the questions on the Year 2000 Issue, please detail your current procedures and your plans for addressing this issue. If you are marketing services to fix your clients' computer systems, please detail those services and your qualifications for this work. _____

I understand information submitted herein becomes a part of my Philadelphia Insurance Companies Accountants' Professional Liability Application and is subject to the same conditions as stated on page 2 of the application.

Signature _____ Title _____ Date _____
(This Application must be signed by an Owner, Partner or Principal of the Firm)