

## **Accountants Professional Liability Insurance Application Instructions**

1. Simply complete the following application in its entirety.
2. Remember to sign and date the application.
3. Return the application to the program manager using one of these convenient methods:
  - E-mail  
[john.t.collentine@marshpm.com](mailto:john.t.collentine@marshpm.com)
  - Fax  
**866-715-0997**
  - Mail:  
**Marsh Affinity Group Service  
333 S. 7th Street, Suite 1600  
Minneapolis, MN 55402**

If you have any questions regarding the program or application, please call our customer service team at 1-800-732-8350 between 8 a.m. and 5 p.m. Central time (excluding holidays).

Thank you for completing the application for Accountants Professional Liability Insurance. You should receive a response within five business days of our receiving your application.

# AccountOne Proposal Form for Accountants Professional Liability Insurance



**Carolina Casualty Insurance Company**  
4600 Touchton Road East,  
Building 100, Suite 400, Jacksonville, FL 322463333

**CLAIMS MADE WARNING FOR APPLICATION: This Proposal Form is for a Claims Made Policy, relating to claims made against the Insureds during the Policy Period or any Extended Reporting Period that may apply.**

Whenever printed in this Proposal Form, the terms in boldface type shall have the same meanings as indicated in the Policy. This Proposal Form is to be completed with respect to the entire Applicant Firm.

▶ Name of Applicant Firm: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Website Address (if applicable): \_\_\_\_\_  
 Federal Employer Identification Number (FEIN): \_\_\_\_\_

The person designated as agent of the Applicant Firm and of all **Insureds** to receive any and all notices from the **Insurer** or their authorized representatives concerning this insurance:

▶ Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Title: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

## Producer Information

Agent's Name (Individual's Name): John Collentine Agent's License Number: MN31123  
 Submitted by (Agency Name): Marsh Affinity Group Services Dated: 10/21/2009

## Underwriting Information (Provide details to all "Yes" answers by attachment, when appropriate)

- List the professional liability insurance purchased by the Applicant Firm for the past year. If "None", so state.  None  

Insurance Carrier	Inception Date	Expiration Date	Limit of Liability	Deductible	Premium
_____	_____	_____	\$ _____	\$ _____	\$ _____
- Indicate the Applicant Firm's current retroactive date (Mo/Day/Yr): \_\_\_\_\_ If "None", so state.  None
- The Applicant Firm has been in continuous operation since: \_\_\_\_\_
- Indicate the total number of personnel for the Applicant Firm by Full Time and Part Time (<1,250 hours). 

	FT	PT
(a) Total number of Professional Staff, including Owners, Partners, Officers, employed by the Applicant Firm.	_____	_____
(b) Total number of Additional Staff, including all Administrative and/or Support Staff for the Applicant Firm.	_____	_____
- Indicate the Gross Annual Revenue for the Applicant Firm.  
 Prior Fiscal Year: \$ \_\_\_\_\_ Current Fiscal Year (est.): \$ \_\_\_\_\_ Projected Next Fiscal Year: \$ \_\_\_\_\_
- Indicate the percentage of Gross Annual Revenue for the Prior Fiscal Year derived from the following areas of practice:
 

Area of Practice	%	Area of Practice	%	Area of Practice	%
Business Tax Services: _____ %		Review Services: Non Public Clients: _____ %		*Fiduciary Services: Non-Trust Related: _____ %	
Estate Tax Services: _____ %		Compilation Services: Non Public Clients: _____ %		*Fiduciary Services: Employee Benefit Plan: _____ %	
Individual Tax Services: _____ %		Projection and Forecast Services: _____ %		*Information Technology Services: _____ %	
Bookkeeping and Write-Up Services: _____ %		Business Valuation Services: _____ %		*Assurance Services: _____ %	
Payroll Accounting Services: _____ %		Litigation Support Services: _____ %		Securities (Other than Audit) Services: _____ %	
Audit/Review Services: Public Clients: _____ %		Business/Personal Management Services: _____ %		Other: _____ %	
Audit Services: Non Public Clients <sup>(1)</sup> : _____ %		*Fiduciary Services: Trust Related: _____ %		*Describe by attachment	TOTAL: 100%

<sup>(1)</sup>Complete the following supplemental form(s): Non Public Client Audit Services (APL 28735)

Yes No

- Does the Applicant Firm use Engagement Letters on a majority of engagements?  Yes  No
- Does the Applicant Firm audit, or is proposing to audit, any publicly traded company?  Yes  No
- Within the last 5 years, has the Applicant Firm, any **Predecessor Firm**, or any member of the Applicant Firm:
  - performed services, other than tax, for a client that is contemplating or has declared or filed bankruptcy, defaulted on a debt obligation, or become insolvent?  Yes  No
  - performed services or consented to the use of the Applicant Firm's work product, in connection with public or private offerings of securities, real estate, or other investments?  Yes  No
  - exercised any discretionary control over client funds, other than as an executor or trustee?  Yes  No
  - participated in the management of any investment partnership, limited partnership, tax shelter or other investment ventures?  Yes  No

## Underwriting Information (Provide details to all "Yes" answers by attachment, when appropriate)

Yes No

- (e) participated with clients in any investment or business? .....
10. Within the last 12 months, has the Applicant Firm:
- (a) merged with or acquired, the business of any individual or entity? .....
- (b) been involved in any disputes with respect to fees or other compensation? .....
11. Does the Applicant Firm have any affiliates and/or subsidiaries? .....
12. Within the last 3 years, has a peer or on-site quality review under the sponsorship of the AICPA, any state CPA Society, or any other professional association or organization, been conducted? .....
- (a) If "Yes", indicate the opinion rendered:  Unqualified/Unmodified  Qualified/Modified  Adverse
- (b) If "No", indicate the anticipated date of next peer review/on-site quality review: \_\_\_\_\_
- Or, check  if a review is not required.

## Litigation and Claim Information

13. Has the Applicant Firm, any **Predecessor Firm**, or any member of the Applicant Firm:
- (a) ever had his/her certificate, license, or permit to practice suspended or revoked? .....
- (b) ever been subjected to an investigation or disciplinary action by any state board of accountancy, State Society, the AICPA or any other state or federal regulators? .....
14. During the last 5 years, has any professional liability claim or suit been made against the Applicant Firm, any **Predecessor Firm**, or any partner, stockholder or professional staff person in the Applicant Firm? .....
15. Is the Applicant Firm or any partner, stockholder or professional staff person in the Applicant Firm aware of any fact, circumstance, or situation that might reasonably be expected to result in any professional liability claim or suit against the Applicant Firm, any **Predecessor Firm**, or any partner, stockholder or professional staff person in the Applicant Firm? .....

**IF "YES" TO QUESTIONS 14. OR 15., PROVIDE FULL DETAILS ON THE CLAIM / INCIDENT SUPPLEMENTAL FORM (APL 28610).**

**IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN DEMAND, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN THE INSURED'S RESPONSE TO QUESTIONS 13., 14., OR 15.**

**NOTICE TO 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.

**NOTICE TO NEW MEXICO, 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 APPLICANTS OF KENTUCKY:** 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.

**NOTICE TO APPLICANTS OF MINNESOTA, NEW JERSEY, OHIO, AND OKLAHOMA:** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO DISTRICT OF COLUMBIA, MAINE, MASSACHUSETTS, TENNESSEE, VIRGINIA, AND 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.

**NOTICE TO APPLICANTS OF FLORIDA:** 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.

**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.

## Please Read Carefully

The undersigned, acting on behalf of all **Insureds**, declare that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information from each and every **Insured** proposed for this insurance to facilitate the proper and accurate completion of this Proposal Form; any material submitted herewith are their representations and that they are material and are the basis of the insurance contract. Any material submitted herewith shall be considered attached to and a part of the Policy. It is further agreed that:

- if any significant change in the condition of the applicant is discovered between the date of this Proposal Form and the Policy inception date, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the **Insurer** immediately;
- any Policy, if issued, will be in reliance upon the truth of such representations;
- this Proposal Form has been completed as respects the entire Applicant Firm;
- the signing of this Proposal Form does not bind the undersigned to purchase the insurance.

Dated \_\_\_\_\_ Signature of Owner, Partner, Officer or Principal \_\_\_\_\_

Title \_\_\_\_\_ Owner, Partner, Officer or Principal (Print Name) \_\_\_\_\_

This Carolina Casualty Insurance Company Proposal Form, including any material submitted herewith, shall be held in strictest confidence.

**A POLICY CANNOT BE ISSUED UNLESS THE PROPOSAL FORM IS PROPERLY SIGNED AND DATED.**

Please submit this Proposal Form including appropriate documentation to:

Monitor Liability Managers, Inc., 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039