

Accountant & Tax Preparer Supplemental Application

1. Name of Applicant (Company Name if applicable): _____

2. Staff (Indicate Numbers):

	Full-time	Part-time	Inactive
Owners, Partners & Officers			
Employed CPAs			
Other Accounting and Tax Professionals			
Support Staff			
Total			

3. What percentage of your work involves the subcontracting of work to others? _____%
 Do you require independent contractors to carry their own professional liability insurance? Yes No
 If yes, what limit of liability do you require? \$ _____
 If yes, do you obtain a certificate of insurance? Yes No

If you want to include coverage for independent contractors, provide the following:
 Name of independent contractor, résumé, advise type of work that will be performed by the independent contractor, and revenues they will generate.

4. Provide percentage of gross annual revenue derived from the areas of practice below:

- | | | | |
|------------------------------|--------|---------------------------------|-------------|
| a. Business Tax Services | _____% | j. Business Planning | _____% |
| b. Estate Tax Services | _____% | k. Information Technology | _____% |
| c. Individual Tax Services | _____% | l. Business Valuation | _____% |
| d. Bookkeeping/Write-Up | _____% | m. Financial Planning | _____% |
| e. Compilation | _____% | n. Litigation Consulting | _____% |
| f. Review | _____% | o. SEC-Public/Private Offerings | _____% |
| g. Audit: Non-public Clients | _____% | p. Fiduciary Services | _____% |
| h. Audit: Public Clients | _____% | q. Assurance Services | _____% |
| i. Forecasts/Projections | _____% | r. Other: _____ | _____% |
| | | Total | 100% |

5. On what percentage of your services do you utilize engagement letters? _____%
 Provide detail on when you use engagement letters and when you do not use them.
 Do your engagement letters include an alternative dispute resolution clause? Yes No

6. Does the applicant firm, or any member of the firm, perform duties under a trust agreement? Yes No
 If yes, provide details: _____

7. Does the applicant firm, or any member of the firm, have discretionary control over clients' funds? Yes No
 If yes, provide details: _____
8. Within the past five years has the applicant firm or any member of the firm provided services for any client in which any insured or spouse owned an equity interest of more than 10%, or served as an officer, director, partner, or manager of a client? Yes No
 If yes, provide details: _____
9. Does the applicant firm have a policy regarding the filing of a lawsuit to collect fees? Yes No
 Within the past two years, has the applicant sued to collect fees? Yes No
10. a. Are all financial statements and reports personally signed by a principal of the firm? Yes No
 b. Does the firm maintain a system to assure timely completion of reports, filings, and tax returns? Yes No
 c. Has the firm undergone a peer or quality review in the past three years? Yes No
 If yes, date of last review: _____
 Result: _____ Unqualified/Modified _____ Qualified/Modified

If qualified, please attach a copy of the report as well as response and corrections to noted deficiencies.

I understand and agree this Application and any and all supplements attached hereto may be made a part of any policy issued, and any such policy will be issued in reliance upon the representation made herein. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the Company, result in the voiding of insurance issued in reliance of this Application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation, and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release to the company providing insurance coverage and ProAssurance Mid-Continent Underwriters, Inc., any documents, records, or other information bearing upon the foregoing.

I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

Applicant and all owners, employees, and contractors are licensed or duly authorized in all states or jurisdictions where professional services are provided. Applicant warrants the truth of all answers to the above questions, and that applicant has not withheld any information which is calculated to influence the judgment of the insurance company in considering the application.

Important: This application must be signed by the applicant. Signing this form does NOT bind the Company to complete the insurance.

Producer: _____ Insured: _____
 Address: _____ By: _____
 Title: _____
 Date: _____