

Underwritten by The Hanover Insurance Company

# CPAOnePro Risk Purchasing Group Application

## CLAIMS-MADE WARNING FOR APPLICATION

THIS POLICY PROVIDES COVERAGE ON A CLAIMS-MADE BASIS. SUBJECT TO ITS TERMS, THIS POLICY APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY CAN BE COMPLETELY EXHAUSTED BY CLAIMS EXPENSES AND CLAIMS EXPENSES WILL BE APPLIED AGAINST THE DEDUCTIBLE. WE WILL HAVE NO LIABILITY FOR CLAIMS EXPENSES OR THE AMOUNT OF ANY JUDGEMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. PLEASE READ THE ENTIRE POLICY CAREFULLY.

### RISK PURCHASING GROUP NOTICE

This Accountants Professional Liability Risk Purchasing Group Policy is not protected by an insurance insolvency guaranty fund in this state, and the insurer or Risk Purchasing Group may not be subject to all the insurance laws and rules of this state.

### IMPORTANT NOTICE REGARDING RISK PURCHASING GROUPS

Disclosure Pursuant to Federal Law Regarding Purchasing Groups [15 U.S.C. SEC. 3901, et seq] the National Small Business PG, Inc. 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 the Purchasing Group are exposed by virtue of their related, similar, or common businesses or services. Members do not share limits and each member is provided with its own policy and/or evidence of insurance.

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.

By completing and submitting this Application you are applying for both professional liability insurance and membership into the National Small Business PG, Inc. (a Risk Purchasing Group).

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 \_\_\_\_\_

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
<b>Owners, Partners, Officers</b>			
<b>All Other Accounting or Tax Professionals</b>			
<b>Other Consulting Professionals (not included above)</b>			
<b>Administrative Staff</b>			
<b>Total</b>			

## 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	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Audit: Non-Profit	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Audit: Other	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Audit: Public	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bookkeeping / Write-ups / Payroll Processing	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Valuations *	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compilations	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consulting (litigation support /business investment advice / other	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Forensic Accounting	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hardware Software Consulting / Sales	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Management Advisory Services	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Financial Planning *	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reviews	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Securities *	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax: Business	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax: Individual	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax: Other	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trustee Services / Executor *	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>TOTAL ADDS TO 100%:</b>	%	

**\*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 services** 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 services** 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 services** 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  d. As engagement changes  
 b. Annually for attest engagements  e. Other (please describe):  
 c. Evergreen
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? <input type="checkbox"/> Y <input type="checkbox"/> N
Each Claim: \$
Aggregate: \$

Deductible (per claim/annual aggregate):
Loss Only Deductible? <input type="checkbox"/> Y <input type="checkbox"/> N
Each claim: \$
Aggregate: \$

# CPAOnePro Risk Purchasing Group 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 Risk Purchasing Group 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 Risk Purchasing Group Application

## Trustee Services and Non-Trustee Asset Management Services Supplement

<b>Trustee Services</b> <input type="checkbox"/> <b>Not Applicable</b>
--

1. Fee arrangement for Trust is determined by:
 

<input type="checkbox"/> Trust Agreement	<input type="checkbox"/> Direct Billing to Trust	<input type="checkbox"/> 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*

<b>Non-Trustee Asset Management Services</b> <input type="checkbox"/> <b>Not Applicable</b>
---

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 Risk Purchasing Group 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 <sup>[1]</sup>	Type of Issue <sup>[2]</sup>	Year Became Client	Dates of Service	Written Opinion?
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> 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 Risk Purchasing Group 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 Risk Purchasing Group 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 Risk Purchasing Group 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## 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
- By completing and submitting this Application you are applying for both professional liability insurance and membership into the National Small Business PG, Inc. (a Risk Purchasing Group).
- As a member of the Risk Purchasing Group, you are consenting to the use of electronic transactions and communications.
- The signing of this Application does not bind the undersigned to purchase insurance.

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO ARIZONA AND MISSOURI APPLICANTS:** Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

**NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA 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 fines and confinement in prison.

**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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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 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 FLORIDA APPLICANTS:** 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 HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO IDAHO 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 KANSAS APPLICANTS:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to, or by an insurer, purported insurer or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**NOTICE TO KENTUCKY 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.

**NOTICE TO MAINE, 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 MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MICHIGAN APPLICANTS:** Any person who knowingly and with intent to defraud an insurance company or another 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 act, which is a crime and subjects the person to criminal and civil penalties.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NOTICE TO NEW HAMPSHIRE 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.

**NOTICE TO NEW MEXICO AND RHODE ISLAND 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 OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he 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 OREGON APPLICANTS:** Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (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 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 VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.



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: \_\_\_\_\_