



The Premier Plan- Application

Client No. _____

Part of the AICPA Professional Liability Insurance Program

2WSAP105

A. Firm Information

Firm Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date Established: _____ Firm Phone Number: _____ Fax Number: _____

Contact Person: Mr. Ms. _____ Contact Phone: _____

E-mail Address: _____

Yes, I would like to receive the free AICPA Insurance Programs E-Newsletter. The E-Newsletter offers Risk Management alerts, new information on products and program sponsored CPA events. My e-mail address is noted above.

Is at least one member of your firm an active member of one of the following professional associations?

AICPA State CPA Society Other _____

Does the Firm belong to the PCPS section of the AICPA? Yes No

1. Does your firm or any owners, partners or officers render services or conduct **any** business activities under a separate entity name? Yes No

a. If yes, complete **SEPARATE ENTITY SUPPLEMENT on page S-1** for all such entities whether coverage is desired or not.

b. Coverage may be available for such entities by endorsement to your policy subject to underwriting approval.

Would you like coverage for these entities? Yes No

If yes, please list the entities for which you are seeking coverage: _____

Please complete the remainder of the application with respect to the firm and all entities indicated in 1b. above. Wherever the words "firm affiliates" are used, they will be deemed to include the entities listed in 1b. above.

2. Please indicate the number of personnel for firm and firm affiliates:

Owners, Partners, & Officers	_____	Consulting Professionals	_____
Employed CPAs (other than identified above)	_____	Support Staff (all others)	_____
Other Accounting or Tax Professionals	_____	Total Firm Personnel	_____

3. Within the past 3 years, has your firm or any firm affiliate:

a. merged with or acquired the business of any sole practitioner, accounting firm or other business entity? Yes No

b. reduced the number of its owners, partners, or officers by 50% or more? Yes No

If yes to any above, provide complete details on a separate sheet.

4. Gross annual revenue for the firm and firm affiliates:

Second Last Fiscal Year			Last Fiscal Year			Estimate For Current Year		
FYE:	/	/	FYE:	/	/	FYE:	/	/
\$			\$			\$		

B. Nature of Practice

5. Provide the percentage of gross annual revenue derived from the areas of practice listed below. **Total of all items must equal 100%.**

	Are annual engagement letters used?		Are annual engagement letters used?
A. Business Tax Services	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No	K. Other Assurance Services	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Estate Tax Services	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No	(Please describe) _____	
C. Individual Tax Services	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No	L. Business Planning	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No
D. Financial Planning and Investment Advisory Services	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No	M. Information Technology	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No
E. Bookkeeping/Write-up	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No	N. Business Valuation	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No
F. Compilation	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No	O. Litigation Consulting	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No
G. Review	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No	P. Other Consulting	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No
H. Audit: Non-public clients	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No	(Please describe) _____	
I. Audit: Publicly-held clients	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
J. Forecasts/Projections	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	

6. Estimated total number of clients for last fiscal year: _____
7. a. Percentage of revenue from largest client (include related entities): _____% Client name: _____
 Client industry: _____ Services rendered by firm: _____
- b. Percentage of revenue from second largest client (include related entities): _____% Client name: _____
 Client industry: _____ Services rendered by firm: _____
8. Within the past 3 years, have personnel of the firm or firm affiliates rendered assurances as to care received by an individual, consulted with clients on care options, provided assistance with daily activities, or coordinated the provision of such services for any client? Yes No
*If yes, complete **ELDER CARE SERVICES SUPPLEMENT** on page S-1.*
9. Within the past 3 years, has your firm, firm affiliates or their personnel:
- a. Rendered financial planning, asset management, or investment advisory services? Yes No
- b. Received commissions, referral fees, reciprocity or other inducements arising from the sale, promotion or recommendation of securities, insurance products, real estate or other investments? Yes No
*If yes to either 9.a. or 9.b., complete **FINANCIAL PLANNING INVESTMENT ADVISORY SERVICES SUPPLEMENT** on page S-2.*
10. Within the past 3 years, has your firm, firm affiliates or their personnel rendered the following services:
- a. Audits of publicly-held clients? Yes No
*If yes, complete **PUBLIC AUDIT CLIENT SUPPLEMENT** on page S-4.*
- b. Information technology services? Yes No
*If yes, complete **INFORMATION TECHNOLOGY SUPPLEMENT** on page S-5.*
- c. Controlled or disbursed client funds? Yes No
*If yes, complete **FUNDS CONTROLLED SUPPLEMENT** on page S-5.*
- d. Served as a trustee, co-trustee, executor, administrator, or personal representative? Yes No
*If yes, complete **TRUSTEE & ESTATE SUPPLEMENT** on page S-6.*
- e. Performed services or consented to the use of your work product in connection with public or private offerings of securities, real estate, or other investments? Yes No *If yes, complete the **PUBLIC & PRIVATE OFFERINGS SUPPLEMENT** on page S-6.*
- f. Audits of non-publicly-held clients? Yes No *If yes, complete **NON-PUBLIC AUDIT CLIENT SUPPLEMENT** on page S-6.*
11. Within the past 3 years, has your firm, firm affiliates or their personnel:
- a. Organized, promoted, or referred others to invest in investment ventures? Yes No
- b. Provided management services for investment ventures? Yes No
- c. Invested in any non-public investment venture that a client has also invested in? Yes No
*If yes to any above, complete **INVESTMENT VENTURE SUPPLEMENT** on page S-7.*
12. Within the past 3 years, has your firm or firm affiliates rendered services, **other than tax**, for any client in which firm personnel, or the spouse of firm personnel, owned or received an equity interest or served as an officer, director, partner, manager or other member of a client's governing body? Yes No
*If yes, complete **OUTSIDE INTEREST SUPPLEMENT** on page S-7.*
13. Within the past 3 years has your firm, firm affiliates or their personnel received non-monetary compensation for professional services? (i.e. stock, options, services, products, property, etc.) Yes No
If yes, please describe the services you rendered and the compensation you received including the amount and form of compensation on a separate sheet.
14. Within the past 3 years, has your firm, firm affiliates or their personnel arranged debt or equity financing, acted as a business broker, underwritten the offering of public or private securities, or prepared fairness opinions? Yes No
If yes, on a separate sheet provide the name of each client, the services rendered, and the amount and form of compensation paid to your firm, firm affiliates, or their personnel.
15. Within the past 3 years, has your firm or firm affiliates rendered audit or attest services for a business client that subsequently declared or filed bankruptcy, defaulted on a debt obligation, or became insolvent? Yes No
If yes, provide:

Name of client and client industry	Type of services you rendered & dates of your services	Type of audit opinion	Going concern reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of bankruptcy, insolvency, or default

16. Do any personnel of the firm or firm affiliates maintain a professional license **other than** as an accountant, registered representative, insurance agent, or investment advisor? Yes No
If yes, provide person's name, type of license, revenues from activity, professional liability insurer, limits of liability, and expiration date of policy on a separate sheet.

C. Quality Controls

17. Have any personnel attended an AICPA Professional Liability Risk Management Seminar within the past 3 years? . . . Yes No
If yes, provide: Number of attendees _____ Date of seminar ____ / ____ / ____
18. Within the past 3 years, has your firm or firm affiliates sued to collect fees, including small claims court? Yes No
If yes, provide on a separate sheet the amount, status, reason for suit, and procedures for monitoring outstanding fees.
19. Within the past 3 years, has your firm undergone a peer or quality review offered by the AICPA or any state CPA Society? Yes No
Opinion rendered Unqualified/Unmodified Qualified/Modified Other _____ Date issued ____ / ____ / ____
If opinion was Qualified, Modified, or Other, please attach a copy of the Peer Review Report as well as the Letter of Comments and the firm's Letter of Response.

D. Claims and Prior Insurance Information

20. After inquiry of all owners, partners and officers of the firm and firm affiliates, within the past **5 years** have any past or present personnel:
- a. been the subject of any regulatory investigation or inquiry; suspended from practice; or charged, indicted, plead guilty or convicted of any felony charge? Yes No
If yes, provide details on a separate sheet.
- b. become aware of any professional liability claims made against the firm, firm affiliates, their personnel, or the firm's predecessors in business? Yes No
- c. become aware of any act, omission or fee dispute which might be expected to be the basis of a claim or suit against the firm, firm affiliates, their personnel, or the firm's predecessors in business? Yes No
If yes to b or c above, complete CLAIM/INCIDENT SUPPLEMENT on page S-8.

NOTICE

1. Any claim or potential claim identified in response to question 20, or which any owners, partners, or officers of the applicant firm have any knowledge of prior to inception of any CNA policy will not be afforded coverage under any policy which may subsequently be issued by CNA.
2. Failure to identify in writing to CNA, any claim made against the applicant firm or any of the firm's personnel, firm affiliates or the firm's predecessors in business during the applicant firm's current policy term, or facts, circumstances, or events which may give rise to a claim against the applicant firm's current insurance company **BEFORE** policy expiration, may be considered fraudulent and invalidate any policy which may subsequently be issued by CNA.

21. Does your firm currently carry professional liability insurance? Yes No
If yes, provide: Insurance Company: _____ Policy Period: _____
Policy Limits: _____ Deductible: _____ Premium: _____
 Claim expenses **reduce** limits of liability Claim expenses are paid in **addition to** limits of liability
- a. Indicate the prior acts date (also known as retroactive date) for your policy and attach a copy of your current declarations page including any prior acts endorsements: Prior Acts Date ____ / ____ / ____ **OR** Full Prior Acts
- b. Is your policy endorsed to **provide** coverage for any predecessor firms, firm affiliates, specific clients, special engagements, etc.? Yes No
If yes, please attach a copy of such endorsements.
- c. Is your policy endorsed to **exclude** coverage for any predecessor firms, firm affiliates, specific clients, special engagements, etc.? Yes No
If yes, please attach a copy of such endorsements.
22. Within the past five years, has the firm, firm affiliates or their personnel been declined, canceled, or non-renewed for professional liability insurance for any reason **other than** nonpayment of premium? Yes No
If yes, please attach a detailed explanation. (This question is not applicable to Missouri residents.)

THE COMPLETION OF THIS APPLICATION OR THE ATTACHED SUPPLEMENTS, OR TENDERING OF PREMIUM DOES NOT BIND COVERAGE. THIS APPLICATION IS SUBJECT TO THE UNDERWRITING RULES OF THE INSURANCE COMPANY.

NOTICE

1. Neither the responses to this application nor any attachments thereto constitute a submission of a claim or notice of circumstances, occurrences or potential claims under any existing insurance policy. Nor does any such response indicate or imply that any claim, act or omission disclosed will be covered by this policy.
2. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstance which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage.

WARNING - COLORADO, FLORIDA, HAWAII, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW YORK, OHIO, OKLAHOMA, PENNSYLVANIA AND VIRGINIA RESIDENTS ONLY.

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 (For New York residents only: 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.) (For Colorado Residents only: 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.) (For Hawaii residents only: 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.) (For Virginia residents only: 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.)

Applicant represents, after inquiry, that the information contained herein and in any attachments, supplemental applications or forms required hereby are true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes. Further, Applicant understands and acknowledges that:

- 1) if a policy is issued, the Company will have relied upon, as representations: this application; and any supplemental applications; and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof;
- 2) this application will be the basis of the contract and will be incorporated by reference into and made a part of such policy.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

IMPORTANT! Where requested, please be sure that appropriate supplements are completed and attached.

Must be signed by a person who has the authority to sign on behalf of and to bind the Applicant, all firms and individuals requesting insurance through this application.

Signature of Applicant	Title	Date

