



ACCOUNTANT & TAX PREPARERS SUPPLEMENTAL APPLICATION

Instructions: Answer all questions and if an answer is none, state none. If the answer is not applicable, state (N/A). If the space provided is insufficient to fully answer the question, please attach a separate sheet.

Please type or print in ink.

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

2. Staff (Indicate Numbers)

	Full Time	Part Time	Inactive
Owners, Partners & Officers			
Employed CPA's			
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 contracts provide the following:

Name of independent contractor, resume, advise type of work that will be performed by the independent contractor and revenues they will generate.

4. Provide percentage of gross revenue derived from the area 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_____ | ____% |

EQUALS 100%

5. On what percentage of your services do you utilize engagement letters? _____%
Provide detail on when you do not use engagement letters.

Do your engagement letters include an alternative dispute resolution clause: Yes ____ No ____

6. Does the applicant, 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 ____

9. Does the applicant firm have a copy 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 on 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 JaVA Underwriting, LLC, 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 applicant has not withheld information which is calculated to influence the judgment of the insurance company in considering this application.

Important: This application must be dated and signed by the applicant owner, partner, officer or administrator. Signing this form does NOT bind the company to complete the insurance.

Applicant Signature

Title

Date