



ACCOUNTANTS PROFESSIONAL LIABILITY RENEWAL APPLICATION

ASPEN AMERICAN INSURANCE COMPANY

(A stock insurance company)

Administrative Offices: 590 Madison Avenue, 7th Floor, New York, NY 10022

- *Please answer each question completely.*
- *Please type or print clearly in ink.*
- *Please attach a copy of the firm's current letterhead (all letterheads used by the firm, if different for branch offices).*
- *This application must be signed by a partner, principal, owner, director, or officer of the firm.*
- *Please ensure that all appropriate supplements are completed and attached.*

A. GENERAL INFORMATION

1. Name of Applicant: _____

Policy Number: _____

Principal Business Address – **Street Addresses Only – No P.O. Boxes:**

Mailing Address:

Telephone #: _____

Fax #: _____

Primary Contact: Mr. / Ms. _____

Title: _____

E-mail address: _____ Firm Website: _____

B. CURRENT COVERAGE

2. Effective date of coverage: _____

Limits of Liability: Per Claim / Aggregate

\$ _____ / \$ _____

Deductible: \$ _____

Deductible Type: Each Claim Deductible Aggregate Deductible

C. FINANCIAL INFORMATION

3. Total gross revenues for the applicant firm:

	Year	Revenues
Past Fiscal Year		\$
Current Fiscal Year		\$

D. FIRM INFORMATION

4. List all predecessor, acquired, or merged firms for the past year:

Name of firm	Date of formation, acquisition, or merger	# of professional staff at the date of dissolution	# of professional staff that joined Applicant	% of billings assigned to the Applicant	Prior Acts Coverage	ERP Purchase or Coverage Desired

5. Does your firm or any owners, partners or officers render services or conduct any business activities under a separate entity name? Yes No
If Yes, please complete the Separate Entity Supplemental Application.

6. Does the firm maintain any branch offices? Yes No
If Yes, please complete the Multiple or Shared Space Supplement.

7. Please indicate the number of firm personnel including any active owners/principles as follows:

Staff Type	Full Time	Part Time *
CPAs		
Degreed Accountants		
Other Professionals with Billed Time		
Administrative/Support Staff		
Non-employee Consulting Professionals or Independent Contractors providing Professional Services on your behalf **		
Other (describe):		

**Part time is less than 1000 hours per year*

E. AREA OF PRACTICE

8. Please indicate the percentage of gross billable dollars for the last fiscal year, from the following activities. If this is a newly established firm, please provide estimates. **Total must equal 100%.**

	%	Engagement Letters?		%	Engagement Letters?
ACCOUNTING			CONSULTING		
Audit: Publicly Held*		<input type="checkbox"/> Yes <input type="checkbox"/> No	Management Advisory Services (describe below)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Audit: Non Public*		<input type="checkbox"/> Yes <input type="checkbox"/> No	Benefits/ERISA		<input type="checkbox"/> Yes <input type="checkbox"/> No
Audit: Government*		<input type="checkbox"/> Yes <input type="checkbox"/> No	Litigation support/forensic		<input type="checkbox"/> Yes <input type="checkbox"/> No
Audit: Nonprofit*		<input type="checkbox"/> Yes <input type="checkbox"/> No	Information Technology*		<input type="checkbox"/> Yes <input type="checkbox"/> No
Audit: Benefit Plan*		<input type="checkbox"/> Yes <input type="checkbox"/> No	Financial Planning*		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reviews		<input type="checkbox"/> Yes <input type="checkbox"/> No	Mergers & Acquisitions (describe below)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Compilations		<input type="checkbox"/> Yes <input type="checkbox"/> No	Projections/Forecasts		<input type="checkbox"/> Yes <input type="checkbox"/> No
Bookkeeping		<input type="checkbox"/> Yes <input type="checkbox"/> No	Valuations		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Assurance Services		<input type="checkbox"/> Yes <input type="checkbox"/> No	Consulting-Other (describe below)		<input type="checkbox"/> Yes <input type="checkbox"/> No
TAX			OTHER		
Taxation: Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No	Trustee Services		<input type="checkbox"/> Yes <input type="checkbox"/> No
Taxation: Corporate		<input type="checkbox"/> Yes <input type="checkbox"/> No	Agreed upon procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No
Taxation: Estate		<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Services (describe:)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax Planning		<input type="checkbox"/> Yes <input type="checkbox"/> No	Total	100%	

Note: If your firm provides a percentage amount of any of the bolded areas of practice, please complete the appropriate supplemental application; for any areas of practice marked by a star (*), please provide a description on a separate sheet.

9. Within the past year, has your firm provided any services in connection with the issuance of the registration or sale of any public security or offering? Yes No
If Yes, please complete the Securities Supplemental Application.
10. Within the past year, has any of the professional staff of your firm rendered audit, attest, or review services for a business client that subsequently defaulted on a debt obligation, declared or filed for bankruptcy, or became insolvent? Yes No
If Yes, please complete the Client Insolvency Supplement:
11. Within the past year, has any of the professional staff of your firm provided any services as an administrator, executor, or trustee of an estate? Yes No
If Yes, please complete the Trust and Estate Supplemental Application.
12. Within the past year, other than reviewing collateral, has your firm provided any professional services to a bank, savings and loan, savings association, credit union, building association, or other banking institution, bank holding company, or affiliated institution? Yes No
If Yes, please complete the Financial Institutions Supplemental Application.
13. Within the past year, has any current or past member of the firm provided any services:
 - a. as an officer, director or board member of a client/non-client? Yes No
 - b. to a client in which they or a spouse have an equity or financial interest? Yes No**If Yes, please complete the Outside Interest Supplemental Application.**

F. RISK MANAGEMENT AND QUALITY CONTROL

14. Does the firm maintain the following:
- | | | |
|---|------------------------------|-----------------------------|
| Written policies and procedures manual | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Written quality control document | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Written policy regarding screening and evaluating new clients | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A system to ensure the timely completion of reports, filings, and tax returns | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
15. Are all work papers properly documented to reflect the professional services that were performed, when, and by whom? Yes No
16. Are all balance sheets, statements of financial condition, and reports signed by a partner, principal, owner, director, or officer of the firm? Yes No
17. Within the past year, has your firm sued to collect fees? Yes No
If Yes, on a separate sheet of paper please provide the following information for each such suit for fees: name of client; date of suit; services rendered; fee amount; and status.
18. Has the firm had a peer review in the last 3 years? Yes No
- a. Was the peer review rated Pass? Yes No
- b. Date: _____
If 18.a. is No, please provide the opinion and related comment documents
19. Has the firm had PCAOB review performed? Yes No
- a. Did the review have criticisms? Yes No
- b. Date: _____
If Yes, please provide the opinion and related comment documents

G. CLAIMS AND DISCIPLINARY ACTION

Within the past year:

20. Have any claims been made or legal actions been brought against your firm? Yes No
21. Having inquired of all partners, principals, owners, directors, officers, and employed accountants, are there any circumstances which may result in a claim being made against the firm, its predecessors, or any current or past partner, principal, owner, director, officer, or employed accountant of the firm? Yes No
22. Has any member of the professional staff of the firm been the subject of a complaint or disciplinary action or reprimand by: any state board of accountancy (or equivalent); the Securities and Exchange Commission or the Internal Revenue Service; any governmental regulatory or tax authority; any federal, state, or local court; or any national or state accounting society? Yes No

If Yes to 20, 21, or 22 above, please complete the Claims Supplemental Application for each claim or circumstance.

Notice to Applicant – Please Read Carefully

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Applicant acknowledges a continuing obligation to report to the Insurer as soon as practicable any material changes in the facts and statements above, and in each supplemental application, of which applicant becomes aware after signing the application.

NOTE: In applying for coverage, applicant agrees that covered losses must be defended by an Insurer lawyer and that the deductible applies to damages and claims expenses, investigation costs and legal fees. If applicant elects to handle a claim without involving the Insurer, then the policy may not afford coverage for such claim.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF INSURER'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND THAT IT WILL BE ATTACHED TO THE POLICY.

Applicant hereby authorizes the release of claim information from any prior issuer to the Insurer.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Notice:

Failure to report:

1. Any claim made against you during your current policy term; or
2. Any facts, circumstances, or events that may give rise to a claim to your current insurance company BEFORE policy expiration may create a lack of coverage.

NOTICE TO APPLICANTS OF ALL STATES EXCEPT COLORADO, DISTRICT OF COLUMBIA, FLORIDA, KANSAS, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, PUERTO RICO, TENNESSEE, VERMONT, VIRGINIA, WASHINGTON: Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

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 KANSAS APPLICANTS: 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, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy, or a claim for payment or other benefit pursuant to an insurance policy which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

NOTICE TO KENTUCKY APPLICANTS: 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 LOUISIANA 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 MAINE 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 may include imprisonment, fines or a 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 who 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO 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 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 is subject to a civil penalty not to exceed \$5,000.00 and the stated value of the claim for each such violation.

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 OKLAHOMA APPLICANTS: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer or makes a claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (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 material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO PUERTO RICO APPLICANTS: The Entity understands that according to the Insurance Code of Puerto Rico (Article 27.320): "Any person who knowingly and with the intention to defraud that present false information in an insurance request or, that present, make or help to make a fraudulent claim for the payment of a loss or another benefit, it will present more than a claim by a same damage or loss, will incur in a serious crime and could be convicted and sanctioned, by each violation with a pain of no smaller fine of five thousand (\$5,000) dollars, nor greater of ten thousand (\$10,000) dollars or imprisonment by a fixed term of three (3) years, or, both pains. If there are aggravating circumstances, the pain fixes established could be increased until a maximum of five (5) years; to mediate extenuating circumstances, it could be reduced until a minimum of two (2).

NOTICE TO TENNESSEE AND VIRGINIA 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 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.

I UNDERSTAND THAT THE SIGNING AND DELIVERY OF THIS APPLICATION DOES NOT BIND ME TO COMPLETE THE INSURANCE, NOR THE INSURER TO ISSUE A POLICY: BUT EACH ANSWER GIVEN IN THIS APPLICATION IS A STATEMENT OF FACT THAT BECOMES A PART OF THE POLICY SHOULD A POLICY BE ISSUED. BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT I AM AWARE THAT IF AT ANY TIME IT IS DISCOVERED ANY OF THE STATEMENTS OF FACT CONTAINED IN THIS APPLICATION ARE CONCEALED OR FALSELY STATED, THE POLICY MAY BE MODIFIED, RESCINDED, OR DECLARED VOID FROM ITS INCEPTION AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.

Applicant Signature (**Must be signed and dated in ink by a Partner, Principal, Owner, Director, or Officer of the Firm**).

Signature of Applicant

Date (Month-Day-Year)

Print Name

Title

Firm

NOTICE TO MARYLAND APPLICANTS: IN THE EVENT OF ANY MATERIAL CHANGE, THE INSURER HAS THE ABILITY TO CANCEL A BINDER OR POLICY, OR RECALCULATE THE PREMIUM FROM THE EFFECTIVE DATE OF THE POLICY, DURING THE FOURTY-FIVE (45) DAY UNDERWRITING PERIOD, IN ACCORDANCE WITH MARYLAND INSURANCE ARTICLE §12-106.

This application is in compliance with Section 626.752, Florida Statutes. A copy has been furnished to the applicant or insured and coverage is: [] Bound Effective (time) (date); [] Not Bound.

BROKER'S SIGNATURE:

Florida requires that we have the Name and Address of your (Applicant's) Authorized Agent or Broker.

Signature of Authorized Agent or Broker: _____

Name of Authorized Agent Broker: _____

Address: _____

License Identification Number: _____