

International Placement Services, Inc.

101 S. Hanley Rd., Ste 700

St. Louis, MO 63105

**Application For A Claims Made And Reported
Accountants Professional Liability Insurance Policy**

New Application

Renewal Application _____
Expiring Policy Number

PLEASE TYPE OR PRINT IN INK AND RETURN WITH A SAMPLE OF YOUR LETTERHEAD

Firm/Applicant Name				Business Phone			
Principal Business Address				Facsimile Number			
City	County	State	Zip	E-Mail Address		Web-site Address	
Year Firm Established				Effective Date Requested			

1. List all professionals employed by your firm whose time is billed. Add an attachment, if necessary.

Name	Social Security Number	Date of Birth	D/C	CPA		Years In Practice	Member of:	
				Yes	No		AICPA	State Society

Designation Codes (D/C) P-Partner/Owner/Shareholder/Principal FT-Full time employee
 I-Independent Contractor
 PT-Part time employee (must work fewer than 1000 hours per year on behalf of the Applicant Firm)

2. On a separate sheet, indicate:

- a. Location of each additional or branch office;
- b. Number of professionals and number of staff at each location; and
- c. Indicate if Branches are under the direction of and use the same internal procedures as the main office.

3. Firm structure is:

- Sole Proprietor Partnership Professional Association Professional Corporation
 Corporation LLC LLP Other (explain) _____

4. **Areas of Practice:** Provide the percentage of the last fiscal year's gross annual billings derived from the following areas of practice:

Practice (Round to the nearest whole percent)	%	Engagement Letters Used	Practice (Round to the nearest whole percent)	%	Engagement Letters Used
* Public Company Audit		<input type="checkbox"/> Yes <input type="checkbox"/> No	* Securities Activities		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Audit		<input type="checkbox"/> Yes <input type="checkbox"/> No	Forecasts/Projections		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Attest/Assurance Services (Describe the services provided on a separate sheet)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Business Valuations		<input type="checkbox"/> Yes <input type="checkbox"/> No
Review		<input type="checkbox"/> Yes <input type="checkbox"/> No	Business Planning (Describe the services provided on a separate sheet)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Compilation		<input type="checkbox"/> Yes <input type="checkbox"/> No	Information Technology		<input type="checkbox"/> Yes <input type="checkbox"/> No
Bookkeeping & Write-up		<input type="checkbox"/> Yes <input type="checkbox"/> No	Design/Develop Computer Hardware or Software		<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Tax		<input type="checkbox"/> Yes <input type="checkbox"/> No	Install/Modify/Maintain Computer Hardware or Software		<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Tax		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Consulting Services (Describe the services provided on a separate sheet)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Recommend/Sell/Train on Computer Hardware or Software		<input type="checkbox"/> Yes <input type="checkbox"/> No
Estate Tax		<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Financial Planning & Investment Advisory Services: (Describe the services provided on a separate sheet)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Litigation Support		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Fiduciary Services: (show total % in column) Admin., Executor, ERISA Trustee _____ % Bankruptcy, Trustee or Receiver _____ % Other Trustee work _____ %		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Total must equal 100%		

*** Complete the Accountants SEC/Public Client Supplemental Application.**

5. **Firms Total Gross Billings:** Last Fiscal Year: \$ _____ Estimated Current Fiscal Year: \$ _____
6. Has the firm changed names, merged with or acquired another accounting firm within the last five (5) years? Yes No
If "YES," provide details on your letterhead.
7. Do you engage independent accountants and/or accountant firms to provide Professional Services? Yes No
 If "YES," are the independent contractors under contractual agreement? Yes No
 Provide details of how the independent accountants or accountant firms are selected and screened: _____

8. Indicate the date of the applicant firm's last unqualified/unmodified Peer Review: ____/____/____
 Note: If the results were Qualified, Modified or Adverse, provide a copy of the most recent report including the Letter of Comments, the firm's response to the Letter of Comments and the Committee Acceptance Letter.)
 Have not had a Peer Review.
9. Within the last five (5) years, has the firm, any member of the firm, or any predecessor in business provided Audit or Review Services to financial institutions (defined as banks, savings and loans, building and loan associations, broker-dealers or insurance companies)? Yes No
If "YES," you must complete the Financial Institutions Supplemental Application.
10. a. Within the last five (5) years, has the applicant organized, arranged or participated in the management of any limited partnership, tax shelter or other investment venture? Yes No
 b. If yes, has the firm provided projections, forecasts or the accounting services to these entities or investors? Yes No
 c. If yes to a. or b. above, please explain your answers on a separate sheet of paper.

11. Excluding activities as a trustee or receiver, has any of the Applicant's clients, for which the Applicant performed Audit or Review Services, been the subject of bankruptcy, insolvency or receivership proceedings within the past three (3) years? Yes No

If "YES," provide the following information for each client. **Note:** Please indicate the type of bankruptcy, whether services continue to be performed, whether services are done pursuant to court appointment and the type of business. Use additional sheets of paper if necessary:

Client's Annual Sales	Services Rendered By Your Firm	Date Became A Client	Date Of Bankruptcy, Insolvency, etc.	Projected Fees This Year	Was An Engagement Letter Used?	Was A Going Concern Letter Issued?
\$					<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
\$					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. Does the Applicant maintain a diary or "tickler" system to ensure that tax filings are made on time? Yes No
13. Other than for tax services, during the past three (3) years, has the Applicant sued to collect fees? Yes No

If "YES," please provide the following information, using additional sheets of paper, if necessary:

Services Rendered	Fee Amount	Suit Date	Outcome	Still a client?
	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No

14. Within the last five (5) years, have any Professional Services been performed for clients involved in entertainment or professional sports? Yes No

If "YES," provide details on your letterhead.

15. Within the last five (5) years, has any current or past firm personnel (a) had his/her accounting license suspended or revoked; (b) been subject to any investigation, reprimand, disciplinary action, criminal penalty or fine; or (c) been indicted or convicted of any felony charge? Yes No

If "YES," provide details on your letterhead.

16. Within the last five (5) years, has any Claim(s) or suit(s) been made against the applicant firm or any current or former firm personnel or the Predecessor Firm? Yes No

If "YES," complete a Claim/Potential Claim Supplemental Application.

17. Does the applicant firm, any firm personnel or the Predecessor Firm have any reasonable basis:
- a. to believe that there has been a breach of a professional duty? Yes No
 - b. to believe that the applicant firm or any firm personnel is aware of any circumstances, incidents, situations or accidents during the past five (5) years which may result in claims being made against your Firm, the Predecessor Firm, or any firm personnel? Yes No

If "YES," complete the Claim/Potential Claim Supplemental Application.

18. a. Provide the professional liability insurance history for the last three (3) years: (If not applicable, check here)

Insurance Company	Policy Period	Limit of Liability	Deductible	Defense Outside The Limits	Premium	Retroactive Date
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		

- b. Has your Firm, or any Principal, Partner, Officer or Director of any predecessor firms, ever been declined for Professional Liability Insurance coverage or has any such coverage ever been canceled or non-renewed? (Not applicable to Missouri applicants.) Yes No

If "YES," provide details: _____

c. Has the applicant firm or the Predecessor Firm ever purchased an Extended Reporting Period?

If "YES," Applicable firm name: _____

Effective date: ____ / ____ / ____ Length of Coverage: ____ months

Has the endorsement been renewed?..... Yes No

If "YES," how many times? _____

19. Indicate desired limit of liability and deductible:

LIMIT OF LIABILITY (each claim/aggregate)

DEDUCTIBLE (each claim)

- | | | | | |
|--|--|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$100,000/\$200,000 | <input type="checkbox"/> \$500,000/\$500,000 | <input type="checkbox"/> \$1,000,000/\$2,000,000 | <input type="checkbox"/> \$ 500 | <input type="checkbox"/> \$15,000 |
| <input type="checkbox"/> \$100,000/\$250,000 | <input type="checkbox"/> \$500,000/\$1,000,000 | <input type="checkbox"/> \$2,000,000/\$2,000,000 | <input type="checkbox"/> \$ 1,000 | <input type="checkbox"/> \$20,000 |
| <input type="checkbox"/> \$250,000/\$250,000 | <input type="checkbox"/> \$750,000/\$750,000 | <input type="checkbox"/> \$3,000,000/\$3,000,000 | <input type="checkbox"/> \$ 5,000 | <input type="checkbox"/> \$25,000 |
| <input type="checkbox"/> \$250,000/\$500,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000 | <input type="checkbox"/> \$ _____ | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$ _____ |

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF HIS OR HER KNOWLEDGE, AND THAT NO MATERIAL OR RELEVANT FACTS HAVE BEEN SUPPRESSED OR MISSTATED AND AGREE THAT THE POLICY, IF ISSUED, WILL BE ISSUED ON THE RELIANCE OF SUCH REPRESENTATIONS.

Applicant acknowledges a continuing obligation to report to us or your agent as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

The JamisonPro Accountants Professional Liability Insurance Program has been organized as a Purchasing Group located and domiciled in New Jersey, pursuant to legislation enacted by Congress known as the Federal Liability Risk Retention Act of 1986. You will automatically become a member of the Purchasing Group once your completed application has been approved and your premium payment has been received.

Completion of application or tendering of premium does not bind coverage. Application is subject to the company's guidelines. Applicant's acceptance of company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it will be attached to the policy.

FRAUD WARNINGS:

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 shall be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for the violation.

FRAUD WARNING: 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 materially 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.

I/We hereby declare that the above statements and particulars are true and I/We agree that this application shall be the basis of the contract with the insurance company.

Applicant Signature: _____ Date: _____

(Signature of Officer/Director/Partner or Owner)

Print Name: _____ Title: _____

Producer: _____

Agent's Name: _____ Agent's License Number: _____

(Applicable to Florida agents only.)

Iowa Licensed Agent (If applicable): _____