



- St. Paul Fire and Marine Insurance Company, Saint Paul, Minnesota
- St. Paul Mercury Insurance Company, Saint Paul, Minnesota
- St. Paul Guardian Insurance Company, Saint Paul, Minnesota

NOTE: THE INSURANCE COVERAGE FOR WHICH YOU ARE APPLYING IS WRITTEN ON A CLAIMS MADE BASIS AND ACCORDINGLY ONLY CLAIMS WHICH ARE FIRST MADE AGAINST YOU AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD ARE COVERED, SUBJECT TO POLICY PROVISIONS.

New Application Renewal of Policy Number: _____

Agent's Name: _____ Agent's License Number: _____ Direct Sub-Produced

1. Full legal name of Applicant Firm *Include all firm names, trading names or DBA's under which applicant operates.

2. Address of Principal Office

3. Policy Period From ____/____/____ To ____/____/____	4. Retroactive Date ____/____/____	5. Year Firm Established
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6. Does your Firm practice from any other office location(s)? Yes No
If yes, please provide address(es) of other location(s) on a separate sheet.

7. Firm is a(n):
 Sole Proprietor Partnership Professional Corporation or Association Limited Liability Company
 Limited Liability Partnership Other: _____

8. Has your name ever changed or have you merged with or acquired another Firm? Yes No
If yes, please provide complete details including full legal names, dates of operation, etc. on a separate sheet.

9. Limits of Liability (per claim/aggregate):
 \$100,000 \$500,000 \$2,000,000 \$4,000,000 \$10,000,000
 \$250,000 \$1,000,000 \$3,000,000 \$5,000,000 Other _____

10. Deductible amount requested (per claim)
 \$1,000 \$2,500 \$5,000 \$10,000 \$15,000 \$20,000 \$25,000 Other _____

11. Do you share office space, expenses or staff with any other accountant(s) or with any other professionals? Yes No
If yes, please describe arrangement and identify by name the space/expense sharer(s) on a separate sheet.

12. Is this a full-time Accounting or Bookkeeping practice? Yes No

13. Does any member of your Firm provide professional services as a practicing lawyer, real estate agent or broker, investment advisor, or securities agent or broker? Yes No
If yes, please provide complete details including whether covered by a separate professional liability policy on a separate sheet.

14. Total number of Professional Staff engaged in Accounting or Bookkeeping is: _____
Please list all personnel by Category (from all offices). Attach a separate sheet if necessary.

Name	Education or Work Experience	Owner, Partner, Officer, Employee, Per Diem	Years in Practice	Professional Membership or Association	Hours of CPE

15. a. Indicate the gross billable income for the applicable fiscal year.

Last Fiscal Year	Current Fiscal Year	Next 12 Months Projected
Ending: _____ / _____ / _____	Ending: _____ / _____ / _____	Ending: _____ / _____ / _____
\$ _____	\$ _____	\$ _____

b. Total # of clients for the past year.....
 If newly established, please estimate # of clients for next year.....

16. Do you have any single client(s) representing 25% or more of your gross billable income?..... Yes No

If yes, please provide client(s) profile, services performed by you, % of your revenue, etc. on a separate sheet.

17. Indicate the approximate % of your last year's billings and whether Engagement Letters are used.
 Total percentage must add up to 100%.

Area of Practice	% of Income	Engagement Letters Used?
A. AUDITS		
1. Municipal	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Publicly-Held Companies*	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Other	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. GENERAL		
1. Bookkeeping/Write-ups	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Reviews	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Compilations	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Personal Financial Planning	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. TAX SERVICES		
1. Individual/Estate Returns	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Corporate Returns	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Limited Partnership Returns	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. BUSINESS ACQUISITIONS		
1. Divestitures	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Evaluations & Projections	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. MANAGEMENT ADVISORY SERVICES		
(please describe)	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. EDP/COMPUTER SERVICES		
1. Hardware/Software Sales	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Data Processing Service	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Hardware/Software Consulting	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. FIDUCIARY SERVICES		
1. Administrator, Executor or ERISA Trustee	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Bankruptcy Trustee or Receiver	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. SECURITIES ACTIVITIES*		
1. Limited Partnership & Tax Shelter Syndication*	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Debenture Financing/Bonds*	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Securities including Federal & State Securities*	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. OTHER (please describe on next line)		
	%	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please complete the Securities Supplement.*

TOTAL

100%

18. What percentage of your billings are derived from the following client types?
- | | | |
|-----------------------------------|-------|---|
| a. Individuals..... | _____ | % |
| b. Privately-Held Companies | _____ | % |
| c. Publicly-Held Companies..... | _____ | % |
| d. Healthcare/HMO's | _____ | % |
| e. Real Estate Concerns..... | _____ | % |
| f. Non-Profit Organizations..... | _____ | % |
| g. Construction Concerns | _____ | % |
| h. Financial Institutions | _____ | % |
| i. Other (Describe) _____ | _____ | % |

19. Have you provided professional services (including but not limited to audits) to a publicly traded client in connection with the registration, sale or offering of securities for clients or in connection with the offer and sale of private placement bonds? Yes No

*If yes, please complete the **Securities Supplement**.*

20. Excluding activities as a trustee or receiver, has any client been the subject of bankruptcy, insolvency or receivership proceedings within the past three (3) years? Yes No

If yes, please provide date of client's bankruptcy, insolvency or receivership, services performed by you, date of first engagement and whether an engagement letter was used (if not, please explain) on a separate sheet.

21. Within the past five (5) years, have you:
- a. received commissions, fees, reciprocity or revenue for referrals, sale or promotion of investments or tax shelters? Yes No
 - b. organized, arranged, procured or evaluated investments, real estate or tax shelters or prepared projections for use in these areas? Yes No
 - c. participated in the management of any investment partnership, limited partnership, tax shelter or other investment venture? Yes No
 - d. received loans from any client? Yes No
 - e. made recommendations as to the sale or purchase of any investments, including specific stocks, bonds or other securities for which you received compensation?..... Yes No

If yes to any part of this question please provide complete details on a separate sheet.

22. Within the past five (5) years, have you invested, received, disbursed or in any way acted in a decision-making capacity with respect to a client's funds? Yes No

*If yes, please indicate name of client, amount of funds, services performed by you, check signing authority (dual or sole), whether distributions are under a trust agreement, and whether you are bonded for the handling of client's funds (if so, indicate carrier and bond amount) all on a **Separate Sheet**.*

23. Does or has any member of the Firm served as trustee or performed professional services to any client(s) in which any Firm member or spouse serves as trustee?..... Yes No

*If yes, please complete the **Trustee Supplement**.*

24. Has any member or former member of the Firm, provided auditing or any consulting services to, acted as a Director or Officer of or been a committee member of any Financial Institution in the past 5 years? Yes No

*If yes, please complete the **Financial Institution Supplement**.*

25. Has the Applicant Firm performed any professional service(s) in which any member of the Applicant Firm or his/her relative or spouse served as an officer, director, manager, owner, employee or contractor, or had a financial interest in the client firm? Yes No

*If yes, please complete the **Outside Interest Supplement**.*

26. Do you anticipate, within the next (12) months, any material changes to the Firm or its practice? Yes No

If yes, please attach a complete description on a separate sheet.

27. Within the past (3) years, have you had a quality peer review? Yes No

a. Was the review unqualified? Yes No

*Please **attach a copy of the peer review** and any response you may have had to recommendations.*

28. Please indicate method(s) used to identify any actual or potential conflicts of interest

Oral/Memory Computer Index File Conflict Committee None _____

Other (describe): _____

29. In the past five (5) years, has any professional liability claim or suit been made against the Firm, any predecessor in business or any current or former partner, officer, shareholder or employed accountant? Yes No

If yes, please complete the Claim Supplement for each claim.

30. Does any Accountant for whom coverage is sought know of any incident, act, error or omission that could result in a claim or suit against the Applicant Firm or any predecessor firm or any of the current or former members of the firm? Yes No

If yes, please complete the Claim Supplement for each claim or incident.

31. Within the past (5) years, have you sued to collect fees or threatened to do so? Yes No

If yes, please describe all collection suits including Name of clients, Services rendered, Dates of services, Suit date, Fee amounts, Status or outcome of suit and whether your firm is still providing services for this client on a separate sheet.

32. List the Accountants Professional Liability Insurance Coverage carried during the past five (5) years, including any periods without coverage. If no past coverage, please indicate NONE. If current coverage is in place, please provide evidence of your professional liability insurance.

	Policy Period Mo/Day/Yr to Mo/Day/Yr	Insurance Company	Limit of Liability	Deductible/ Retention	Premium
Current Year	To				
Prior Year 1	To				
Prior Year 2	To				
Prior Year 3	To				
Prior Year 4	To				

33. In the past five (5) years, has the Firm or any Firm member ever had Professional Liability insurance or similar insurance declined, canceled or non-renewed? (Not applicable in Missouri) Yes No

If yes, please explain on a separate sheet.

34. Has any Accountant for whom coverage is being sought ever had their accounting license suspended or revoked; or been subject to any investigation by any board of accounting, AICPA, SEC, State CPA Society or any other governmental agency, or court; or been subject to any reprimand, criminal penalty or fine (including a tax preparer's fine); or been convicted of any felony charge or are they currently under indictment? Yes No

If yes, please provide complete details on a separate sheet.

Attention: Insureds in AR, CO, DC, KY, LA, NJ, NM, NY, OH, and OK

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 may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(In Colorado, 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.)

Attention: Insureds in FL

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 felony of the 3rd degree, and may also be subject to a civil penalty.

Attention: Insureds in ME, TN, VA, and WA

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.

Attention: Insureds in PA

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.

Attention: Insureds in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

YOUR SIGNATURE AND AUTHORIZATION

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all to the following:

- The statements and representations made in this application are true and complete and will be deemed material to the acceptance of the risk assumed by Travelers in the event an insurance policy is issued.
- If the information supplied in this application changes between the date of the application and the effective date of any insurance policy issued by Travelers in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- Travelers is authorized to make an investigation and inquiry in connection with this application.
- Travelers is not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

Signature (<i>Sole Proprietor, Partner, Member or Officer of the Applicant Firm</i>)	Print Name
Title	Date

SUBMITTING INSURANCE AGENT:	INSURANCE AGENT: MAIL COMPLETED APPLICATION TO: TRAVELERS One Tower Square, 4SB Hartford, CT 06183-3004 Telephone: (860) 277-3300 or (800) 842-3112 Facsimile: (860) 277-7391 or (800) 842-9326
PRODUCER CONTACT:	
AGENCY NAME:	
MAILING ADDRESS:	
Telephone: ())	
Facsimile: ())	