

ACCOUNTING/BOOKKEEPING SUPPLEMENT
 Forming part of the Professional Liability Application

 Name of Applicant

Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:

Audit Engagements for Public Companies	_____ Percentage
Audit Engagements for Private Companies	_____ Percentage
Tax Return Preparation for Corporations and/or Individuals	_____ Percentage
Tax and/or Estate Planning	_____ Percentage
Trustee in Bankruptcy and/or Receivership	_____ Percentage
Review Engagement and/or other Financial Statement Preparation	_____ Percentage
Bookkeeping	_____ Percentage
Management, Strategic Planning and/or Business Reorganization Consulting	_____ Percentage
Computer Consulting**	_____ Percentage
Investment Consulting	_____ Percentage
Merger and/or Acquisition Consulting	_____ Percentage
Property and/or Asset Management for Others	_____ Percentage
Direct Business Management for Others	_____ Percentage
Other _____ Describe	_____ Percentage

TOTAL should equal 100%

**** If you provide Computer Related Services provide percentage of revenue attributable to the following :**

Hardware and/or Software Consulting	_____ Percentage
Sale of Hardware and/or Software	_____ Percentage
Programming Services	_____ Percentage
Data Processing	_____ Percentage
Other _____ Describe	_____ Percentage
Total:	_____ Percentage

Provide the total number of staff under each category below including Partners, Officers, Associates and other Employees:

Certified Management Accountants (CMA)

Certified General Accountants (CGA)

Other Professional Staff
Describe

Bookkeepers

Other Non-Professional Staff

Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than 3% shareholder of said client? Yes No

If Yes Please provide:

Client Name

Applicant's relationship with client

Approximate General Revenue generated from Client

Were more than 50% of your total gross billings for any one year derived from a single client or contract? Yes No

If Yes Please provide:

Client Name

Services Rendered

How long you expect this relationship to continue

Do you provide professional services on projects in which you retain an ownership interest? Yes No

If yes, please provide full details

Do you utilize the services of independent contractors or sub-consultants?

Yes No

Approximate percentage of billing attributable to sub-contractors/consultants?

Percent

Are all sub-contractors and consultants required to show proof of General Liability and Professional Liability coverage's showing you as an additional insured?

Yes No

If yes, what limits?

How long do you keep your customers information/documentation on file?

Years

Print Name and Title

Signature of Applicant or Authorized Representative

DATE:

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