

Accountants Professional Liability Insurance Application

Firm _____

Professional License Supplement S-9

Please complete one supplement for each individual.

1. Name of individual: _____

2. License(s) held:

License	Active	Inactive	Disciplinary Action Taken During the Past 5 Years?	Is There Separate Professional Liability Insurance?	Policy Limit (if applicable)
Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Securities License(s) (specify type or series number) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Registered Investment Advisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Insurance (other than life)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

3. Describe the services provided: _____

4. Provide details for any disciplinary action noted above: _____

5. For any Life Insurance Services:

a. Are services provided to the Firm's accounting clients? Yes No

If "Yes", describe services: _____

b. Percentage of services provided to Non-CPA clients? _____%

c. Provide the name and current Best rating for any insurance companies with which you have placed coverage: _____

d. What is the face value of the largest policy you have placed? _____

I recognize that information submitted on this supplement becomes a part of my application for coverage and is therefore subject to all of the representations and conditions of that application.

Completion of this supplement does not guarantee that coverage will be automatically granted. Any coverage will be subject to underwriting review.

Signature _____ Date _____