



**CAMICO**

**ACCOUNTANTS  
PROFESSIONAL  
LIABILITY  
INSURANCE  
APPLICATION**



Tel: (800) 652-1772

## Additional Included Benefits

In addition to the benefits described in your policy every *Named Insured* automatically qualifies for additional included benefits designed to minimize your professional liability exposure by helping you manage your Firm. These additional included benefits are listed below.

✓	Unlimited use of CAMICO's three hotlines, providing immediate access to professional assistance and advice. This service includes the <b>Loss Prevention hotline</b> , providing CPAs and other professionals that can assist you with practice and firm management issues, the <b>Claims hotline</b> , providing claim professionals that can assist you with legal liability concerns <i>before</i> they become a claim and the <b>Tax hotline</b> , providing CPAs and attorneys to assist you with some federal tax issues.
✓	Unlimited use of CAMICO's <b>subpoena services</b> , providing assistance with the receipt of and compliance with most types of subpoena and deposition notices even when there is no Claim. CAMICO will evaluate the need for additional assistance and, where appropriate, attorneys may be provided to assist you at no cost. <b>Subpoena services</b> are accessed through the <b>Claims hotline</b> .
✓	Unlimited access to all of CAMICO's risk management tools and documents through the <b>Members Only section of CAMICO.com</b> .
✓	Full participation in all of CAMICO's <b>CPE events</b> , including seminars, conferences, in-firm training and web-based training. (Some CPE programs may be limited by geography or firm characteristics.)
✓	Full participation in CAMICO's <b>dividend program</b> . The timing, amount and method of allocating dividends amongst <i>Insureds</i> are determined by and at the discretion of the Board of Directors.
✓	The <i>Named Insured</i> has the right to <i>Extended Reporting Coverage</i> for a period of up to three years as more fully described in Article V. of the policy. The <i>Named Insured</i> may request <i>Extended Reporting Coverage</i> for a longer period of time. CAMICO, at its option, may agree to offer such coverage.
✓	No cost unlimited <i>Extended Reporting Coverage</i> is available for qualified sole practitioner and two-professional firms due to Death, Disability or Retirement. See Article V. of the policy.

CAMICO urges you to take advantage of these additional included benefits so that, together, we can reduce the cost of claims and increase the effectiveness of your Firm.

## How to Apply for a CAMICO Professional Liability Policy

This is an application for a “**Claims Made and Reported**” policy. The policy applies only to claims or multiple claims first made against the Insured and reported to the Company while the policy is in force and for professional services performed on or after the prior acts (or retroactive) date. The limit of liability available to pay damages or settlements shall be reduced by amounts incurred as “Claim Expenses,” including fees and expenses incurred in the investigation, adjustment, and defense of a claim or multiple claims. The policy will be issued in reliance upon the statements in the application. Therefore, it is important that all questions be answered accurately.

**Please follow the steps listed below to complete your application for CAMICO coverage:**

- 1. Review all definitions at the bottom of the page.**
- 2. Please type or print clearly, and do not use pencil.**
- 3. Complete Parts I through IX, answering all questions completely. If any question, or part thereof, does not apply, print “NA” in the space provided - leave no blanks. Failure to answer all questions will delay our ability to underwrite this application, which may result in a gap in your coverage.**
- 4. Complete supplemental application(s) only when appropriate.**
- 5. Sign on page 7 and make a copy of the completed application for your records.**
- 6. Return the completed application in the enclosed envelope (see page 7 for mailing address).**

## Common Phrases and Definitions

### **Firm**

The term “Firm” means the entity listed in Part I, question 1 of this application and any individual owner (proprietor, stockholder, partner) and any individual employee of the entity listed in Part I, question 1 of this application.

### **Prior Acts (Retroactive Coverage)**

Coverage for work done prior to inception of this policy may be requested where the Firm has current professional liability coverage. If this policy is written with prior acts coverage it shall apply only to claims for damages which are the result of any act, error, or omission, or related or identical acts, errors, or omissions, which first take(s) place on or after the prior acts (retroactive) date.

### **Professional**

Professional means:

- each proprietor, stockholder, or partner of the Firm;
- all persons [not included in (a) above] who otherwise perform those tasks customarily performed by persons who have completed the educational requirements for the CPA examination (this includes any persons who prepare financial statements and/or tax returns even if reviewed by a CPA); and
- all other persons who are engaged in management advisory services, consulting services or other services of a professional nature or who have professional degrees.

### **Contract & Per Diem**

Professional accounting services performed by individuals who are not permanent employees of the Firm, even though the fees generated by those services are billed by the Firm to a client of the Firm.

## Part I: Firm Information

1. Firm Name: \_\_\_\_\_
2. Contact Person: \_\_\_\_\_  
(Person designated and authorized by the Firm to receive any and all notices concerning this insurance.)
3. Contact Person Title: \_\_\_\_\_ 4. Contact Person Email Address: \_\_\_\_\_
5. Primary Office Address: \_\_\_\_\_  
Street Address City County State Zip  
*If Firm has other locations or shares office space, complete the Multiple Offices/Shared Office Space Supplement (S-1).*
6. Telephone: \_\_\_\_\_ 7. Fax: \_\_\_\_\_ 8. Web Site: \_\_\_\_\_
9. Mailing Address: \_\_\_\_\_  
(If different from #5) Street Address City County State Zip
10. Entity Type:  Sole Proprietorship  Partnership  Corporation  LLP  LLC  PC  Other (list): \_\_\_\_\_
11. Firm's Federal ID#: \_\_\_\_\_ 12. Firm Established (mm/dd/yyyy): \_\_\_\_\_  
(or SS#, if sole proprietor)
13. Within the last five (5) years has the Firm merged or acquired another business?  Yes  No  
*If "Yes", please complete the Merged or Acquired Firm(s) Supplement (S-2.1).*
14. Has the Firm or any owner, partner or officer rendered professional services or conducted business activities under a separate entity within the last five (5) years?  Yes  No  
*If "Yes", please complete the Separate Entity Supplement (S-2.2).*
15. Are there any material changes pending in the organization of the Firm including but not limited to merger, acquisitions, other restructuring, addition of a new client industry or scope of practice?  Yes  No  
*If "Yes", please explain on the Narrative Response Sheet (Part VIII, Page 6).*

## Part II: Firm Profile

16. List Name(s) of all proprietors, partners, or stockholders. Please use the **Narrative Response Sheet**, if necessary.

Name	% Ownership Only if Non-CPA	Title	Year of CPA License	E-mail Address

- a. Does the Firm or any Firm member belong to (check all that apply):

- AICPA?  State CPA Society?  
 AICPA's PCPS Firm Practice Center?  AICPA's Center for Public Company Audit Firms?  
 AICPA's Governmental Audit Quality Center?  AICPA's Employee Benefit Plan Audit Quality Center?  
 A national or international CPA Group or Association? (Provide name) \_\_\_\_\_

17. Firm Staff (include contract and per diem employees who work 500 or more hours per year):

	CPAs	Non-CPAs	Total
<b>Owners, Partners, Officers</b>			
<b>All Other Accounting or Tax Professionals</b>			
<b>Other Consulting Professionals (not included above)</b>			
<b>Administrative Staff</b>			
<b>Total</b>			

18. Has the staff size of the Firm changed +/- 25% during the past three years?  Yes  No

*If "Yes", please explain on the Narrative Response Sheet.*

19. Does the Firm, any Firm member, subsidiary or affiliate Firm member maintain a non-CPA Professional License?  Yes  No

*If "Yes", please complete the Professional License Supplement (S-9).*

20. a. Has the Firm or any member of the Firm ever had his/her certificate, license, or permit to practice suspended or revoked or voluntarily surrendered due to an investigation?  Yes  No

b. Has the Firm or any member of the Firm ever been subjected to any disciplinary action by any State Board of Accountancy, State Society, the AICPA or any other State or Federal regulators or indicted or convicted of a felony charge?  Yes  No

c. Is the Firm or any member of the Firm currently under investigation by any of the above named boards, societies or regulators?  Yes  No

*If "Yes", to a., b. or c. above, please explain on the Narrative Response Sheet.*

21. Based on the Firm's fiscal year-end data, provide the following gross revenue figures:

Next Fiscal Year (projected)	Current Fiscal Year (estimated)	Last Fiscal Year	Previous Fiscal Year
\$	\$	\$	\$

22. Percentage of revenue from the Firm's largest clients (including related entities): Largest: \_\_\_\_\_% Second Largest: \_\_\_\_\_%

*For those clients representing 20% or more of the Firm's revenue, please list for each: client name, client industry, services performed, length of time as a client, and describe how the Firm maintains its independence on the Narrative Response Sheet.*

### Part III: Scope of Practice

23. Approximately what percentage of the Firm's revenue is derived from the areas listed below?

*Please indicate, whether or not engagement letters are used for each service area listed below.*

Service Area	% of Revenue	Engagement Letter Used
<b>Tax</b>		
• Business Tax _____	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Estate Tax _____	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Individual Tax _____	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Accounting/Bookkeeping</b>		
• Accounting/Bookkeeping _____	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Consulting</b>		
• Merger & Acquisition _____ <i>(Describe on Narrative Response Sheet)</i>	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Computer Related Services _____ <i>(Complete Supplement S-3.4)</i>	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Litigation Support _____	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Management Consulting/ Business Planning _____ <i>(Describe on Narrative Response Sheet)</i>	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Projections/Forecasts _____	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Valuations _____	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Attestation</b>		
• Audit <i>(Complete Supplement S-3.1)</i>		
- Non Public _____	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
- Public _____	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Agreed Upon Procedures _____	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Review _____	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Compilation _____	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>

Service Area	% of Revenue	Engagement Letter Used
<b>Special Services</b>		
• Client Funds Controlled _____ <i>(Complete Supplement S-3.2)</i>	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Non-Trustee Fiduciary or Administrative Responsibility-ERISA, Pension & Benefit Plans, ESOPs, Ins. Co.'s, Hedge Funds, other Investment Co.'s _____ <i>(Describe on Narrative Response Sheet)</i>	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Executor/Trustee/Receiver _____ <i>(Complete Supplement S-4)</i>	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Investment/Financial Planning _____ <i>(Complete Supplement S-5)</i>	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• SEC-Section 404 Services _____ <i>(Attach Client List)</i>	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
• SEC Work other than Audit, Section 404 Work or Tax _____ <i>(Describe on Narrative Response Sheet)</i>	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Other</b>		
• Other _____ <i>(Describe on Narrative Response Sheet)</i>	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>TOTAL ADDS TO 100%</b> _____	<b>100 %</b>	

24. Does the Firm, or any Firm member provide:

a. Personal tax or other services to any individual client that has an annual income in excess of \$10 million?  Yes  No

b. Any attest services to any private company with annual sales of more than \$250 million?  Yes  No

*If "Yes", to a. or b. above, please provide client name, industry, services provided and length of time as a client on the Narrative Response Sheet.*

25. Has the Firm, any Firm member or spouse, within the past five (5) years:
- Held an equity interest in, operated, or managed any entity (excluding the Firm) for whom the Firm provided professional services?  Yes  No
  - Acted as a director, officer or exercised any form of managerial control over any entity (excluding the Firm), for whom the Firm provided professional services?  Yes  No
- If "Yes", to a. or b. above, please complete the Outside Activities Supplement (S-7).*
26. Has the Firm, or any Firm member, acted as trustee, co-trustee, executor, receiver, administrator or personal representative, other than for life insurance trusts or trusts with less than \$500,000 in assets?  Yes  No
- If "Yes", please complete the Executor/Trustee/Receiver Supplement (S-4.1).*
27. Does the Firm, or any Firm member, control or distribute client funds, other than as trustee or executor?  Yes  No
- If "Yes", please complete the Funds Controlled Supplement (S-3.2).*
28. Has the Firm, its predecessors, or affiliates, within the past five (5) years:
- Performed audits for or provided consulting services to SEC-regulated entities (other than broker/dealers who are not publicly traded)?  Yes  No
  - Performed services, or consented to the use of the Firm's work product, in connection with public or private offerings of securities, real estate, or other investments?  Yes  No
- If "Yes" to a. or b. above, please complete the SEC Supplement (S-8.1).*
29. Is the Firm in the process of or planning to bid on any new engagements for a publicly held company, its subsidiaries or its employee benefit plans?  Yes  No
- If "Yes", please describe, including name of proposed new client, on the Narrative Response Sheet.*
30. Has the Firm, its predecessors or affiliates, within the past five (5) years performed services for unregistered investment vehicles such as hedge funds, real estate or investment syndicates, limited liability companies or partnerships (limited or general)?  Yes  No
- If "Yes", please complete the Unregistered Investment Vehicle Supplement (S-5.1).*
31. Has the Firm, its predecessors or affiliates, within the past five (5) years performed services for Financial Institutions? Financial institutions are defined as Banks, Bank Holding Companies, Savings Associations, Savings and Loans, Credit Unions, Thrifts, Insurance Companies, Investment and Mortgage Banks.  Yes  No
- If "Yes", please complete the Financial Institution Supplement (S-8.2).*
32. Does your Firm or affiliate provide services to entities under the guidelines of ERISA?  Yes  No
- If "Yes":*
- Are actuarial services performed?  Yes  No
  - Is the Firm or affiliate involved in plan design or qualifying plans or their amendments?  Yes  No
  - Does the Firm or affiliate act as a fiduciary or advisor, or recommend investment or mutual funds to which the Firm provides other accounting services or acts as a director or officer?  Yes  No
- If "Yes" to c. above, please provide a full description of Firm services on the Narrative Response Sheet.*
33. Does the Firm or affiliate provide any non-financial Elder Care Services as defined by the AICPA's Assurance services?  Yes  No
- If "Yes", please describe on the Narrative Response Sheet including services provided and annual revenue.*
34. Has the Firm, its predecessors or affiliates, within the past three (3) years:
- arranged debt or equity financing or acted as a business broker?  Yes  No
  - acted as a mortgage agent/broker?  Yes  No
  - performed actuarial services?  Yes  No
- If "Yes" to a., b. or c. above, provide a detailed description of services performed for each such client, including a sample engagement letter for these services, on the Narrative Response Sheet.*

35. Has the Firm, its predecessors or affiliates, currently, or within the past five (5) years:
- a. Organized, sold, acted as sales promoter or sales agent for, or participated in the management of or general partner for any real estate or other investment syndicate, limited liability company (“LLC”) or partnership (limited or general)?  Yes  No
  - b. Received commission, finder fees, reciprocity or participation from sellers or promoters of an investment, tax shelter, securities, insurance products, or real estate?  Yes  No
  - c. Organized, sold, acted as sale promoter or sales agent for, prepared any promotional sales materials for, provided any tax advice, counsel or opinions with respect to, any “reportable transaction” as defined in Treasury Regulation §1.6011-4(b)?  Yes  No
  - d. Organized, sold, acted as sale promoter or sales agent for, prepared any promotional sales materials for, provided any tax advice, counsel or opinions with respect to, or prepared or assisted in preparing any income, gift or estate tax returns incorporating or reporting a tax shelter or other tax advantaged investment which provided taxable income exclusions or tax deductions exceeding \$500,000 in any one tax year?  Yes  No
- If “Yes”, to a., b., c., or d. above, please provide detailed explanation on the Narrative Response Sheet.*

## Part IV: Business Practices

36. During the past five (5) years, has the Firm or its affiliates sued to collect fees, including small claims court?  Yes  No
- If “Yes”, provide a list of all outstanding amounts owed, date of suit, services rendered, current status, whether still a client and if an engagement letter was used on the Narrative Response Sheet.*

37. Indicate what loss prevention tools your Firm requires Firm members to use.

- a. Engagement letters are updated:
  - Annually for all engagements
  - As engagement changes
  - Other: \_\_\_\_\_
  - Annually for attest engagements
  - Evergreen (not updated)
  - Not used
- b. Second person/partner review of:
  - Attest services
  - All services
  - No second person/partner review of any services
  - Tax services
  - Other: \_\_\_\_\_
- c. Checklists:
  - AICPA
  - Other: \_\_\_\_\_
  - PPC
  - Not used or not applicable
- d. Client screening procedures:
  - New clients prior to acceptance
  - Both
  - Existing clients
  - None
- e. Do engagement letters contain ADR (Alternative Dispute Resolution) or Limitation of Liability clauses?  Yes  No
- f. Does Firm have disengagement procedures for terminating client relationships?  Yes  No
- g. Are declination/non-engagement letters used on all matters declined by the Firm?  Yes  No
- h. Does your Firm have a written policy prohibiting business ventures with clients of the Firm?  Yes  No
- i. Does the Firm have a written internal quality control document?  Yes  No
- j. Other loss prevention tools/procedures (describe): \_\_\_\_\_

### Note

**Should the Firm become a CAMICO policyholder, significant resources will be available to help you augment your risk management practices.**

38. Date of most recent peer or quality review: \_\_\_\_\_

If not within last 3 years, anticipated date of next review: \_\_\_\_\_

- a. Was the review on-site or off-site?  On-site  Off-site
- b. Was the review modified, qualified, adverse or other?  Yes  No

*If “Yes” to b. above, please provide a copy of the letter of comments, your Firm’s response and committee acceptance letter.*

## Part V: Claims Information

39. To the knowledge of the Firm, have any claims or suits involving malpractice been made against the Firm, a predecessor Firm, a subsidiary or affiliate entity, any partner, stockholder and/or professional staff person:
- a. During the past five (5) years?  Yes  No
- b. Anytime and remains open?  Yes  No

*If "Yes" to a. or b. above, please complete the Prior and Existing Claim/Incident Supplement (S-10).*

40. Is the Firm, after inquiry of stockholders, partners and employees, currently aware of any incidents, circumstances, disputes, fee problems, or employee problems, which may result in any claim being made against the Firm, its predecessors, subsidiaries, affiliates or any partner, stockholder or employee?  Yes  No

*If "Yes", please complete the Prior and Existing Claim/Incident Supplement (S-10).*

41. Has any professional liability insurance for the Firm, a partner, stockholder, employee of the Firm, its predecessors or subsidiaries ever been declined, canceled, or non-renewed? (Not applicable in Missouri)  Yes  No

*If "Yes", please explain on the Narrative Response Sheet.*

## Part VI: Coverage

42. Does the Firm currently carry accountants professional liability insurance?  Yes  No

*If "Yes", please complete the following and provide a copy of your current Declarations page and all endorsements on your current policy that exclude, add or modify coverage:*

From/To (mm/dd/yyyy)	Insurance Company	Limit of Liability (Per Claim/Aggregate)	Deductible	Premium
From: / / To: / /				
From: / / To: / /				
From: / / To: / /				

43. Does your current policy contain a prior acts limitation or retroactive date?  Yes  No

*If "Yes", please provide the date: \_\_\_\_\_*

44. **Limits of liability and Deductible options:** (check all options you wish quoted)

**Requested Limits (Per Claim / Annual Aggregate):**

- \$100,000 / \$100,000 (Not available in CA)  \$250,000 / \$250,000  \$500,000 / \$500,000
- \$500,000 / \$1,000,000  \$1,000,000 / \$1,000,000  \$2,000,000 / \$2,000,000
- \$3,000,000 / \$3,000,000  \$4,000,000 / \$4,000,000  \$5,000,000 / \$5,000,000
- Other: \$ \_\_\_\_\_

**Requested Deductible (Per Claim):**

- \$2,500  \$5,000  \$10,000  \$25,000  Other: \$ \_\_\_\_\_

**Additional Coverage Options:**

- Separate Defense Limit: \_\_\_\_\_
- Dollar One Defense
- Defense-only coverage – Directors & Officers – Non-profit 501(c) (3)  
*Please complete the Community Service Defense Coverage Application (S-12).*
- Increased limits for Misappropriation of Client Funds sub-limit: \_\_\_\_\_  
(Cannot exceed limit of liability requested in basic coverage above)
- Employment Practices Liability Insurance: *Please complete the CAMICO Employment Practices Application.*  
*(Note, for defense only coverage complete the Employment Practices Defense Coverage Application Supplement (S-11).)*



## Part IX: Signatures

*The undersigned proprietor, authorized partner of the partnership, or authorized stockholder of the corporation represents that the following statements are understood and agreed to by the applicant:*

By signing this application, the undersigned represents that he or she has made inquiries of all Firm members as appropriate and that all Firm members are bound by the representations made on this application, any supplemental application, and any supplemental data and documents provided.

Signing this application or tendering premium does not bind the applicant or the company to issue insurance coverage, but it is agreed that this application shall be the basis of the contract should a policy be produced.

After inquiry of all stockholders, partners and employees, the undersigned is not currently aware of any act, error, omission, incident, circumstance, dispute, fee dispute or employee problem, which could reasonably be expected to be the basis of a claim being made against the Firm, its predecessors or any partner, stockholder or employee, that has not been reported to another insurer.

***IMPORTANT: CAMICO intends to rely upon your answers to questions in this application and any attached supplements in reaching its decision to offer coverage and/or to offer coverage excluding any described activities. Inaccurate negative responses to inquiries may result in a loss of coverage for activities and/or a decision by CAMICO to rescind the entire policy. Your signature below acknowledges your understanding of this notice.***

Name: (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Applicant/Firm: \_\_\_\_\_

**Thank you for applying for CAMICO coverage. Please send completed application and appropriate supplemental forms to:**

**Sales Department  
CAMICO Mutual Insurance Company  
1235 Radio Road, Second Floor  
Redwood City, CA 94065-1217**

**Call: 1.800.652.1772  
E-mail: [inquiry@camico.com](mailto:inquiry@camico.com)  
Web: [www.camico.com](http://www.camico.com)  
Fax: 1.800.496.9910**

**WARNING – Residents of Arizona, Arkansas, Colorado, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maine, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Tennessee, Virginia, Washington and West Virginia**

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, including but not limited to fines, denial of insurance benefits, civil damages, criminal prosecution and imprisonment. (For Arizona, Florida, Georgia, North Carolina, and Oregon residents only: All statements and descriptions in this application for insurance and in any negotiations therefore, by or behalf of the insured, shall be deemed to be representations and not warranties. For CO residents only: 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 settlement or award from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.)