Firm

 Audit Service Supplement S-3.1

1. List both the number of clients and the percentage of **audit revenue** derived from the following businesses or industries for which the Firm provides audit services:

|  |  |  |
| --- | --- | --- |
| **Industry** | **No. of Clients** | **Percentage of Audit Revenue** |
| Manufacturing |       |      % |
| Retail |       |      % |
| Wholesale/Distribution/Warehousing |       |      % |
| Construction |       |      % |
| Mining/Oil & Gas |       |      % |
| Service |       |      % |
| Real Estate Development/Management |       |      % |
| Insurance Companies |  |   |
|           Property Casualty |       |      % |
|           Life Insurance |       |      % |
| Investment Companies and Funds |  |   |
|           Hedge Funds and Funds of Funds |       |      % |
|           Other: (describe)       |       |      % |
| Banks/Lending Institutions |       |      % |
| Mortgage Brokers |       |      % |
| Broker Dealers |       |      % |
| Employee Benefit /Welfare Plans |  |   |
|           Defined Benefit Plans |       |      % |
|          All Other |       |      % |
| Municipal Government |       |      % |
| County Government  |       |      % |
| School Districts  |       |      % |
| Colleges & Universities |       |      % |
| Hospital/Medical |       |      % |
| Unions |       |      % |
| Tribal Entities |       |      % |
| Not-for-Profit |       |      % |
| Agribusiness |  |   |
|           Not including Grain Elevators |       |      % |
|           Including Grain Elevators |       |      % |
| Other: (provide description)       |       |      % |
| **Total** |       | **100%** |

Complete for each Employee Benefit /Welfare Plan Audit client with assets greater than $10,000,000

|  |  |  |
| --- | --- | --- |
| **Client Name** | **Asset Size** | **Number of Participants** |
|       |       |       |
|       |       |       |
|       |       |       |

2. In the past five (5) years, has the Firm had any audit client that has declared or filed bankruptcy, defaulted on a bond issue, or become insolvent subsequent to service rendered by the applicant Firm? [ ]  Yes [ ]  No

 If “Yes”, complete the following:

|  |  |  |
| --- | --- | --- |
| Client Name | #1       | #2       |
| Services Provided |       |       |
| Dates Services Provided |       |       |
| Written Opinion | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Going Concern Reference | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Date of Default, Bankruptcy, or Insolvency | Date:      [ ]  Default, [ ]  Bankruptcy, or [ ]  Insolvency | Date:      [ ]  Default, [ ]  Bankruptcy, or [ ]  Insolvency |
| Client’s Revenue |       |       |
| Has the Firm been named as a claim or culpable party by the bankruptcy Trustee? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

1. Does your Firm have a written policy on audit-related CPE training, including required courses and
CPE hours per year? [ ]  Yes [ ]  No
2. Are annual updated client signed engagement letters used for all Audit Services? [ ]  Yes [ ]  No
3. Does a second partner review all audit workpapers and the audit report prior to sign-off and
release? [ ]  Yes [ ]  No

 If “No”, does a second CPA (experienced in audit services) perform this review? [ ]  Yes [ ]  No

1. Do your Firm's client acceptance procedures pertaining to audit engagements require sign-off
by a second partner or committee prior to accepting a new engagement? [ ]  Yes [ ]  No
2. If the Firm received a letter of comment on its last peer review, attach a copy along with the Firm's response.

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