

Accountants Professional Liability Insurance Application

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%

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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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Going Concern Reference	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Default, Bankruptcy, or Insolvency	Date: _____ <input type="checkbox"/> Default, <input type="checkbox"/> Bankruptcy, or <input type="checkbox"/> Insolvency	Date: _____ <input type="checkbox"/> Default, <input type="checkbox"/> Bankruptcy, or <input type="checkbox"/> Insolvency
Client's Revenue	_____	_____
Has the Firm been named as a claim or culpable party by the bankruptcy Trustee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Does your Firm have a written policy on audit-related CPE training, including required courses and CPE hours per year? ☐ Yes ☐ No
4. Are annual updated client signed engagement letters used for all Audit Services? ☐ Yes ☐ No
5. 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
6. 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
7. 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.

WARNING – Residents of Maryland

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature _____ Date _____