

# Accountants Professional Liability Insurance Application

Firm \_\_\_\_\_

## Funds Controlled Supplement

S-3.2

1. List total amount of client funds your Firm and Firm affiliates control or disburse annually: \$\_\_\_\_\_
2. Number of clients: \_\_\_\_\_
3. Describe internal controls in place for firm services. \_\_\_\_\_
4. a. Do you provide business/personal management or family office services or control funds for clients in the sports or entertainment industries? ☐ Yes ☐ No  
If "Yes", provide the number of such clients: \_\_\_\_\_
- b. Number of clients with asset size of \$50,000,000 or greater: Last year - \_\_\_\_\_ Current year - \_\_\_\_\_
- c. Does any firm member act as an officer or director of a company, business entity owned or controlled by a firm business management or family office client? ☐ Yes ☐ No
5. For each client with annual transactions under your control of \$3,000,000 or greater, complete the following and provide a copy of your current engagement letter.

Client Name	Annual Amount of Funds Managed	Description of Services Provided	Engagement Letter in Place?	Discretionary Investment Authority	
				Possess?	Exercised?*
	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*If "Yes", describe how it is exercised. \_\_\_\_\_

6. Number of employees who control or disburse funds for clients of the Firm or, Firm affiliates: \_\_\_\_\_
7. Does your Firm or Firm affiliate maintain a bond or form of employee dishonesty coverage? ☐ Yes ☐ No  
If "Yes", provide a copy of the current Declarations Page for the bond or policy.
8. Does your Firm or Firm affiliate perform background checks on employees that have access to client funds? ☐ Yes ☐ No ☐ N/A (there are no employees with access)

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 \_\_\_\_\_