Firm

SEC Supplement S-8.1

**Complete only if your Firm provides services that fall under the 1933 or 1934 SEC Acts.**

**Do not complete for broker/dealer audits – unless the broker/dealer is publicly traded.**

1. Complete the following table for each of the Firm’s SEC practitioners’ expertise.

|  |  |  |  |
| --- | --- | --- | --- |
| **Individual(s)** | **Number of Years SEC Experience** | **Number of Hours SEC CPE in Past 12 months** | **Securities-Billable Hours most recent 12 months** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

2. Do you have current membership in the AICPA’s Center for Audit Quality?  Yes  No

3. Is the Firm currently registered with the Public Company Accounting Oversight Board (PCAOB)?  Yes  No

4. Percentage of total revenue derived from services provided to SEC-regulated entities:       %

### Client Identification

5. a. Do you have a written procedure for new client identification and screening intended to assure that there

will be no conflict of interest with respect to potential SEC-regulated clients?  Yes  No

b. Is there a written policy requiring yearly reviews of existing clients for potential conflicts?  Yes  No

6. a. Does your written procedure for evaluating a new SEC-regulated client include an analysis of the

client’s financial strength, its management expertise, its reputation, the nature of its business and

its history of opinion shopping or changing attorneys and accountants?  Yes  No

1. Do these procedures include background checks on the client’s senior management?  Yes  No

If “Yes”, to a. or b., has your Firm ever declined a potential client based on these procedures?  Yes  No

# Internal Procedures and Risk Management

7. Do you have a written procedure requiring that at least one CPA who is not working on the

services in question, review and approve all written materials prior to their release?  Yes  No

8. Do you have a written policy that prohibits your firm members from participating in the securities

selling process (e.g., not participating in marketing meetings or calls involving prospective investors)?  Yes  No

9. Do you have a written policy governing trading and investing in client securities by firm members?  Yes  No

10. Do you have a written policy prohibiting any contingency payment arrangement or any arrangements   
where a securities client pays for the applicant’s services with client securities?  Yes  No

11. Do you have written procedure that is intended to prevent the improper use of material inside information   
or the tipping of such information by firm members?  Yes  No

1. In the past thirty-six (36) months have any of your SEC-regulated clients been involved in any regulatory  
   inquiry or investigation regarding disclosure issues or financial statement reporting?  Yes  No  
     
   If “Yes”, provide the following:

|  |  |
| --- | --- |
| **Name of Client** | **Explanation of the Inquiry or Investigation** |
|  |  |
|  |  |

1. During the past five (5) years have you been the subject of any investigation by the SEC or the PCAOB?  Yes  No

If “Yes”, describe:

14. During the past five (5) years have you been terminated by a securities client or had a dispute with a client  
necessitating disclosure to securities regulators?  Yes  No

If “Yes”, provide the following:

|  |  |  |
| --- | --- | --- |
| **Name of Client** | **Date of Withdrawal** | **Description of Withdrawal or Dispute** |
|  |  |  |
|  |  |  |

15. Within the last five (5) years have you provided audits to publicly traded clients?  Yes  No

16. Provide the following for each audit client engaged within the last three (3) years or expected to be handled within the next twelve (12) months.

|  |  |
| --- | --- |
| Name of Client |  |
| Does the client maintain Directors and Officers (D & O) Liability Insurance? | Yes  No |
| Nature of client business: |  |
| Length of time as client | From:       To: |
| Services that you engaged to performed: |  |
| Most recent engagement fees billed: |  |
| Opinion Rendered: |  |
| Have any restated financials been issued?  If “Yes”, were the initial financials audited by your firm, a *Predecessor Firm* or acquired firm? | Yes  No  Yes  No |
| Has there been a change in the controlling ownership of the client company(ies) during the last fiscal year? | Yes  No If “Yes”, please provide details: |
| Has there been a change in the executive management of the client company(ies) during the last fiscal year? | Yes  No If “Yes”, please provide details: |

# Private or Public Offering Supplement

17. Provide the following for each private or public offering within the past five (5) years.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Client** | **Industry** | **Dates and Services Provided** | **Type of Offering\*** | **Size of Offering** | **Fees** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

**\* A. Primary public C. Private partnership E. Private stock sale G. Mortgage backed securities**

### B. Secondary public D. Private trust F. Bonds

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