

Accountants Professional Liability Insurance

CLAIMS MADE WARNING FOR APPLICATION

THIS PROPOSAL FORM IS FOR A CLAIMS MADE AND REPORTED POLICY, RELATING TO CLAIMS MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY.

Whenever printed in this Supplement Form, the terms in boldface type shall have the same meanings as indicated in the Policy. This Supplement Form is to be completed with respect to the entire Applicant Firm.

Name of Applicant Firm _____

APPLICANT FIRM'S INSTRUCTIONS

IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTIONS FULLY, PROVIDE SEPARATE ATTACHMENTS.

Non Public Client Audit Services Information

1. Complete the following for all Non Public Client Audit Services performed by the Applicant Firm during the Prior Fiscal Year.

	<u># of Audit Clients</u>	<u>Audit Revenue</u>	<u># of Clients with Net Loss</u>
Agribusiness:	# _____	\$ _____	# _____
Automobile / Vehicle Dealers:	# _____	\$ _____	# _____
Bank and Lending Institutions:	# _____	\$ _____	# _____
Broker / Dealers:	# _____	\$ _____	# _____
Construction:	# _____	\$ _____	# _____
Employee Benefit / Welfare Plans (subject to ERISA):	# _____	\$ _____	# _____
Employee Benefit / Welfare Plans (not subject to ERISA):	# _____	\$ _____	# _____
Entertainment:	# _____	\$ _____	# _____
Government / Municipalities:	# _____	\$ _____	# _____
Health Care Institutions:	# _____	\$ _____	# _____
Insurance Companies*:	# _____	\$ _____	# _____
Investment Companies / Hedge Fund / Funds of Funds:	# _____	\$ _____	# _____
Investment Companies / Funds (all other):	# _____	\$ _____	# _____
Manufacturing:	# _____	\$ _____	# _____
Publishing / Broadcasting / Media:	# _____	\$ _____	# _____
Mining / Oil and Gas:	# _____	\$ _____	# _____
Nonprofit Organization:	# _____	\$ _____	# _____
Professional: Health Care:	# _____	\$ _____	# _____
Professional: Non Health Care:	# _____	\$ _____	# _____
Real Estate Development / Management:	# _____	\$ _____	# _____
Retail, including Restaurants:	# _____	\$ _____	# _____
Service Provider (all other):	# _____	\$ _____	# _____
Transportation:	# _____	\$ _____	# _____
Tribal Entity:	# _____	\$ _____	# _____
Union:	# _____	\$ _____	# _____
Warehousing, Distribution and Wholesale:	# _____	\$ _____	# _____
Technology and Web-Based Businesses:	# _____	\$ _____	# _____
Other, Describe: _____	# _____	\$ _____	# _____

*Insurance Companies are defined to include all stock companies, Lloyd's organizations, insurance exchanges, mutual companies, reciprocal exchanges, fraternal organizations, captives, self-insurance funds, risk retention groups, pools / associations. (LIST ALL INSURANCE COMPANIES by name via attachment to this Supplemental Form with their current AM Best Rating).

2. Indicate the percentage of Non Public Clients by their total asset size for the Prior Fiscal Year.

<u>Up to \$25 million in Assets</u>	<u>Over \$25 to \$100 million in Assets</u>	<u>Over \$100 million in Assets</u>
_____ %	_____ %	_____ %

Carolina Casualty Insurance Company

3. Indicate the number of Non Public Clients that were new to the Applicant Firm in the past 12 months: _____
4. List the following information for each professional of the Applicant Firm that performs Non Public Client Audit Services:
- | <u>Name(s)</u> | <u># Years of Audit Experience</u> | <u>Name and # Hours of Relevant CPE Last 3 years</u> |
|----------------|------------------------------------|--|
| _____ | # _____ | _____ |
| _____ | # _____ | _____ |
| _____ | # _____ | _____ |
| _____ | # _____ | _____ |
5. Does Applicant Firm have a written policy on audit-related CPE training, including required courses and CPE hours? Yes No
6. Does the Applicant Firm require sign-off by a second partner or committee prior to accepting new audit engagements? Yes No
7. Within the past 3 years, has the Applicant firm rendered audit services for defined benefit plans? Yes No
8. Are any defined benefit plans under funded by more than 20 percent? If "Yes", provide details by attachment. Yes No

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO NEW MEXICO, PENNSYLVANIA APPLICANTS: 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.

NOTICE TO APPLICANTS OF KENTUCKY: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO APPLICANTS OF MINNESOTA, NEW JERSEY, OHIO, AND OKLAHOMA: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE, MASSACHUSETTS, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO APPLICANTS OF FLORIDA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, AND RHODE ISLAND APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO NEW YORK APPLICANTS: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Please Read Carefully

I understand that the information submitted herein becomes a part of the Applicant Firm's Accountants Professional Liability Insurance Proposal Form and is subject to the same representations and conditions.

Dated	Signature of Owner, Partner, Officer or Principal
Title	Owner, Partner, Officer or Principal (Print Name)

This Carolina Casualty Insurance Company Proposal Form, including any material submitted herewith, shall be held in strictest confidence.
A POLICY CANNOT BE ISSUED UNLESS THE PROPOSAL FORM IS PROPERLY SIGNED AND DATED.

Please submit this Proposal Form including appropriate documentation to:
 Monitor Liability Managers, LLC, 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039