

Application Instructions

You have chosen to complete a Premier Plan New Business Application Supplement. Please follow the instructions listed below.

1. Complete the application:
 - Option one: Complete the information on screen and print the application.
 - Option two: Print the application and complete the information manually.

Please note that although the application can be completed on your computer, you will not be able to save a copy unless you have Acrobat 5.0 Professional or higher. If you choose to complete the information on your computer, be sure to print an extra copy for yourself.

2. Fax the completed application, along with a copy of your current insurance carrier's renewal application and declarations page, using this fax cover sheet or mail the information to the following address:

Aon Insurance Services
Premier Plan Application Supplement
159 East County Line Road
Hatboro, PA 19040-1218

If you have any questions, please call one of our representatives at **1-800-221-3023**,
Monday – Friday between 8:30 A.M. and 6:00 P.M. EST.

Fax

To: Aon Insurance Services _____ **From:** _____

Fax: 1-800-853-5227 _____ **Phone:** _____

Phone: 1-800-221-3023 _____ **Pages:** _____

Re: Premier Plan New Business Application _____ **Date:** _____

IF YOU CURRENTLY CARRY PROFESSIONAL LIABILITY INSURANCE, PLEASE COMPLETE THIS FORM.

Premier Plan New Business Application Supplement

(To be completed and submitted in conjunction with current insurance carrier's renewal application and a copy of your current declarations page and endorsements)

2WSCA2_ _

Firm Name: _____

Contact Person: _____ Phone Number: _____

E-mail Address: _____

Firm's Website Address: _____

Yes, I would like to receive the monthly AICPA Insurance Program's E-newsletter, occasional Risk Control Alerts, and other important information about risk control training opportunities, new products, and program-sponsored CPA events.

1. Gross annual revenue for the firm and firm affiliates on an accrual basis:

Third Last Fiscal Year	Second Last Fiscal Year	Last Fiscal Year	Estimated Current Fiscal Year
FYE:	FYE:	FYE:	FYE:
\$	\$	\$	\$

2. Within the past three years, has your firm undergone a peer or quality review offered by the AICPA or any state CPA Society? Yes No
 Opinion received: Unqualified/Unmodified Qualified/Modified Other – Date issued: _____

If there was a letter of comments or the opinion was Qualified, Modified, or Other, please attach a copy of the Peer Review Report as well as the Letter of Comments and the firm's Letter of Response and the same data from the firm's prior peer review.

3. Please indicate the percentage of engagements performed by your firm where an annual engagement letter is utilized: _____%

4. Within the past 3 years has your firm, firm affiliates or their personnel:

- a. Performed audit, review, attestation, or consulting services for publicly held companies (an "issuer"), their subsidiaries or their employee benefit plans? Yes No
- b. Submitted proposals, are in the process of proposing or plan to propose on any new engagements to perform audit, review, attestation, or consulting services for a publicly held company (an "issuer"), its subsidiaries or its employee benefit plans? Yes No
- c. Performed services or consented to the use of your work product in connection with public or private offerings of securities, real estate, or other investments? Yes No
- d. Performed information technology services? Yes No
- e. Served as a trustee, co-trustee, executor, administrator or personal representative? Yes No
- f. Controlled or disbursed client funds? Yes No
- g. Performed audit services for any non-publicly held ("non-issuers") clients? Yes No
- h. Received non-monetary compensation for professional services? (i.e. stocks, options, services, products, property, etc.) Yes No

If yes to ANY, please complete the appropriate CNA Supplement.

5. Within the past 5 years, has your firm, firm affiliates, their predecessors in business or their personnel (on behalf of any of the foregoing) received fees or reciprocity in connection with the design, recommendation, sale or promotion of:

- a. Any income tax transaction that is specifically identified by the IRS as a tax avoidance transaction ("listed transactions") or is substantially similar to abusive tax shelters or transactions listed in IRS Notices? Yes No
or
- b. Any income tax transaction that is considered to be a reportable transaction under Treasury Regulation §1.6011-4? Yes No

If yes, on a separate sheet, describe any services rendered, estimate and/or describe the related fees or reciprocity received for each of the past ten years, and provide copies of any opinion letters or any other materials used to promote this product/services.

6. Within the past 3 years has your firm or firm affiliates rendered services, other than tax, for a business client that subsequently declared or filed bankruptcy, defaulted on a debt obligation, or became insolvent? Yes No

If yes, provide:

Name of client and client industry	Type of services you rendered & dates of your services	Type of Audit Opinion	Going Concern Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of bankruptcy, insolvency, or default

7. Within the past 3 years has your firm, firm affiliates or their personnel:

- a. Rendered financial planning, asset management, or investment advisory services? Yes No
- b. Received commissions, referral fees, reciprocity or other inducements arising from the sale, promotion or recommendation of securities, insurance products, real estate or other investments? Yes No

If yes to either 7a. or 7b., complete FINANCIAL PLANNING AND INVESTMENT ADVISORY SERVICES SUPPLEMENT.

8. After inquiry of all owners, partners, officers and professionals of the firm and firm affiliates, within the past five years have any past or present personnel:
- a. Been the subject of any regulatory or disciplinary investigation or inquiry (both formal and informal) or suspended from practice? Yes No
 - b. Charged or plead guilty to, or indicted on a criminal charge? Yes No
 - c. Become aware of any professional liability claims made against the firm, firm affiliates, their personnel, or the firm's predecessors in business? Yes No
 - d. Become aware of any act, omission or fee dispute which might be expected to be the basis of a claim or suit against the firm, firm affiliates, their personnel, or the firm's predecessor in business? Yes No

If yes, please complete long form CNA New Business Application.

9. Within the past five years, has the firm, firm affiliates or their personnel been declined, canceled, or non-renewed for professional liability insurance for any reason other than nonpayment of premium? Yes No

If yes, please attach a detailed explanation. (This question is not applicable to Missouri residents.)

OPTIONAL COVERAGES

If you are interested in a quotation, check the box by the desired coverage option and complete the appropriate supplement or call 1-800-221-3023 for more information. Quotations are subject to underwriting approval.

- CPA NetProtect.** Complete the CPA NetProtect Application Supplement.
- Registered Representative Coverage.** Complete Financial Planning and Investment Advisory Services Supplement.
- Life Insurance Agent Coverage.** Complete Financial Planning and Investment Advisory Services Supplement.
- Employee Dishonesty Coverage.** Complete Funds Controlled Supplement.
- Employment Practices Liability Defense Coverage.** Complete the EPL Supplement.
- Outside Organization Directors & Officers Defense Coverage.** Complete the D&O Supplement.
- CPA EmployerGard,** Employment Practices Liability Insurance with limits for defense, settlements and judgments. Check the box to receive an application for coverage.

PLEASE READ THE FOLLOWING:

THE COMPLETION OF THIS APPLICATION OR TENDERING OF PREMIUM DOES NOT BIND COVERAGE. THIS APPLICATION IS SUBJECT TO THE UNDERWRITING RULES OF THE INSURANCE COMPANY.

Applicant represents, after inquiry, that the information contained herein and in any attachments, supplemental applications or forms required hereby are true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes. Further, Applicant understands and acknowledges that:

- 1) if a policy is issued, the Company will have relied upon, as representations: this application; and any supplemental applications; any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof;
- 2) this application will be the basis of the contract and will be incorporated by reference into and made a part of such policy.

WARNING:

Any person who knowingly and with intent to defraud any insurance company or other persons, files an application for insurance or a 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 may be subject to criminal penalties and civil fines. (For CO Residents Only: any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.) (For NY Residents Only: 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.) (TN and VA Residents Only: Penalties include imprisonment, fines and denial of insurance benefits.)

Must be signed by a person who has the authority to sign on behalf of and to bind the Applicant, all firms and individuals requesting insurance through this application.

SIGNATURE OF APPLICANT	Title	Date

