



Accountants Professional Liability Supplemental Application

Markel American Insurance Company

Evanston Insurance Company

Instructions To The Applicant

- Please answer all questions. This information is required to make underwriting and pricing evaluation. Your answers to these questions are considered material to that evaluation.
- If a question is not applicable, state N/A. If more space is required, please attach a separate exhibit with the question number.
- Application must be signed and dated by an authorized representative of the company.

Applicant Name: _____

Address: _____

Billing And General Information

- Please provide the applicant's gross billing information:
 - Gross billings anticipated for current year: \$ _____
 - Gross billings estimated for next fiscal year: \$ _____
 - Gross billings derived from largest client: \$ _____
- Please provide the percentage of the applicant's firm's gross billings for the last fiscal year derived from each of the following services and indicate if engagement letters are used:

| Level | Percent Of Gross Billings | Services Provided | Are Engagement Letters Used? |
|---------|---------------------------|--|--|
| Level 1 | % | 1. Individual tax services | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | % | 2. Bookkeeping/Write-up | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | % | 3. Compilation | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | % | 4. Data processing | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | % | 5. Other services related to the above | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Level 2 | % | 1. Business tax services | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | % | 2. Estate tax services | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | % | 3. Reviews | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | % | 4. Management advisory services/business planning | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | % | 5. Other services related to the above | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Level 3 | % | 1. Audit: non-publicly held clients | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | % | 2. Litigation consulting | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | % | 3. Other consulting | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | % | 4. Financial planning/investment advisory | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | % | 5. Information technology other than data processing | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | % | 6. Forecasts and projections | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Level 4 | % | 1. Other assurance services | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | % | 2. Business valuation | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Total | 100% | | |

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3. Does the applicant:
- a. Update engagement letters annually? Yes [] No []
- b. Include alternative dispute resolution clauses engagement letters?..... Yes [] No []
4. Does the applicant have:
- a. Written client screening procedures? Yes [] No []
- b. Written client disengagement procedures?..... Yes [] No []
5. How many personnel at the applicant's firm are active members of the following professional associations?
 AICPA: _____ Other national or state CPA society/association: _____
6. Has any audit or review client filed bankruptcy, defaulted on a loan, or become insolvent within the last 3 years? Yes [] No []

If yes, please provide name, date, and type of service for each client below.

| Name | Date | Type Of Service |
|------|------|-----------------|
| | | |
| | | |
| | | |
| | | |

7. Has the applicant had any claims? Yes [] No []

If yes, please provide details below.

| Description Of Claim | Date |
|----------------------|------|
| | |
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NOTE: This Supplement becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature:

Date

Agent's signature

Date

(Florida only) Agent license number: _____

