



Travelers Casualty and Surety Company of America

Claims-Made: The information requested in this Application is for a Claims-Made policy. If issued, the policy will apply only to claims first made during the policy period, or any applicable extended reporting period.

Defense Within Limits: If defense within limits is selected, the limits of liability will be reduced, and may be completely exhausted, by amounts paid as defense expenses. The Insurer will not be liable for the amount of any judgment, settlement, or defense expenses incurred after the exhaustion of the limits of liability.

GENERAL INFORMATION

Legal Name of Firm: Expiring Policy Number:
Trade or Doing Business as Name:
Mailing Address:
City: State: Zip:
Email Address (for the delivery of risk management materials):
Would you like your agent to provide a Business Owners Policy quote? [] Yes [] No

APPLICANT INFORMATION

1. List number of firm staff as follows (include employees who work 500 or more hours per year):
Table with columns: CPAs, Non-CPAs
Rows: Owners, Partners, Shareholders; All Other Accounting or Tax Professionals; Other Consulting Professionals (not included above); Administrative; Total
2. What is the firms anticipated 12 month revenue for the current fiscal year? (Combine the actual revenue to date and estimated revenue until the end of the fiscal year). \$
3. What was the firm's actual 12 month revenue for the prior fiscal year? \$
4. In the last 12 months has:
a. any client represented 25% or greater of the firm's revenue? If yes, provide details below. [] Yes [] No
Table with columns: Client Industry, Services Provided, Percent of Firm Revenue, No. of Years as a Client
b. the firm provided services to any client while a member of the firm, or their spouse, served as a director or officer of the client or had a combined ownership interest greater than 10% in the client? [] Yes [] No
If yes, complete the Outside Interest Supplement.
c. any client become bankrupt, insolvent, been placed into receivership, or operated under regulatory direction or agreement? [] Yes [] No
If yes, complete the Insolvency Supplement.
d. has the firm or any member of the firm invested, received, disbursed, or in any way acted in a decision-making capacity with respect to a client's funds? [] Yes [] No
If yes, complete the Personal Financial Planning and Investment Advice Supplement.

5. In the past 12 months have there been any material changes made to the firm including but not limited to merger, acquisition, restructuring, or the addition of a new client industry or scope of practice? Yes No
If yes, please explain: _____
6. For all services provided, indicate the approximate percentage of the firm's prior fiscal year 12 month revenue and whether engagement letters are used for each practice area. The total percentage must add up to 100%.

Area of Practice	% of Revenue	Engagement letters on all matters?	Area of Practice	% of Revenue	Engagement letters on all matters?
Bookkeeping			Consulting		
Bookkeeping/Write-ups/Payroll	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	Business Valuations	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax			Forecasts and Projections	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Tax	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	Forensic Accounting/Litigation Support/ Investigative Accounting	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Tax	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hardware/Software Consulting and Sales	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estate and Trust Tax	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	Management Advisory Services	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attestation			Mergers and Acquisitions	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private Entity Audit ⁽¹⁾	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Financial Planning or Investment Advisory Services ⁽²⁾	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Publicly Traded Entity Audit ⁽¹⁾	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specialty Services		
Non-Financial Statement Audit ⁽¹⁾	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	Executor/Administrator/Trustee ⁽³⁾	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reviews	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limited Partnership & Tax Shelter Syndication ⁽⁴⁾	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compilations	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	Securities ⁽⁴⁾	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Registered Representative Quote for Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Life and Health Insurance Agent Quote for Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Services			Total: 100%		
(describe):	%	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Complete: (1) *Audit Services Supplement* (2) *Personal Financial Planning and Investment Advice Supplement* (3) *Executor, Administrator, and Trustee Supplement* (4) *Securities Supplement*

LOSS PREVENTION/RISK MANAGEMENT

7. In the last 12 months have any of the following loss prevention and risk management controls changed?
- a. Control systems and conflict of interest procedures. Yes No
 - b. Client screening procedures and suits for fees. Yes No
 - c. Firm management and office policies and procedures. Yes No
 - d. Use of engagement letters. Yes No
 - e. Firm oversight procedures. Yes No
- If yes, please describe in the Additional Information section at the end of this application.*
8. Is the firm subject to Peer Review? Yes No
If yes, is the firm in compliance with all peer review requirements? Yes No
 Date of most recent review: _____ Result: Pass Pass with deficiencies Fail
Attach a copy of the Peer Review and details of any corrective action.
9. In the past 12 months has any member of the firm: 1) had their license suspended, revoked, or been subject to any kind of investigation or disciplinary action by any entity providing regulatory or professional oversight, or 2) been indicted for, or convicted of a felony, or paid any criminal or civil penalty or fine, including a tax preparer's fine, in connection with any professional services or business activities? Yes No
If yes, provide full details on a separate sheet of paper and include with the application.

NOTICE REGARDING COMPENSATION

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company to defraud or attempt 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 policyholder or claimant to defraud or attempt to defraud the policyholder or claimant regarding a settlement or award payable from insurance proceeds will be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company to defraud the company. Penalties include imprisonment, fines, and denial of insurance benefits.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PUERTO RICO: Any person who knowingly and intending to defraud presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, will incur a felony and, upon conviction, will be sanctioned for each violation with the penalty of a fine of not less than \$5,000 and not over \$10,000, or a fixed term of imprisonment for three years, or both penalties. Should aggravating circumstances be present, the penalty established may be increased to a maximum of five years; if extenuating circumstances are present, it may be reduced to a minimum of two years.

SIGNATURES

The undersigned Authorized Representative represents that to the best of his or her knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete, and may be relied upon by Travelers as the basis for providing insurance. The Applicant will notify Travelers of any material changes to the information provided.

Electronic Signature and Acceptance – Authorized Representative*

*If electronically submitting this document, electronically sign this form by checking the Electronic Signature and Acceptance box above. By doing so, the Applicant agrees that use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes acceptance and agreement as if signed in writing and has the same force and effect as a signature affixed by hand.

Authorized Representative Signature: X	Authorized Representative Name and Title:	Date (month/dd/yyyy):
Producer Name (required in FL & IA): X	State Producer License No (required in FL):	Date (month/dd/yyyy):
Agency:		Agency Phone Number:

Additional Information