

# CID Insurance Programs Inc. DBA CID Insurance Services

## Accountants Professional Liability Application (Claims Made Form)

Name of Applicant Firm

Street Address

City  County  State  Zip

Website Address (if applicable)

### General Information (Provide details to all "Yes" answers by attachment, when appropriate)

1. Does the Applicant Firm have any affiliates and/or subsidiaries?  YES  NO

2. Indicate which professional association(s) the Applicant Firm or at least one member of the Applicant Firm is an active member of. If "None", so state.  None

AICPA                                       National Society of Accountants                                       State CPA Society  
 National Association of Tax Professionals     National Association of Enrolled Agents                                       American Taxation Association  
 American Payroll Association                                       American Institute of Professional Bookkeepers

3. Is the Applicant Firm, any **Predecessor Firm**, subsidiary, affiliated entity, or any member of the Applicant Firm engaged in any of any of the following activities? If "None", so state.  None

Registered Representative     Real Estate Agent / Agency     Life Insurance Agent / Agency     Other  
 Lawyer                                       Investment Advisor                                       Title Insurance Agent/Agency

4. Indicate the total number of personnel for the Applicant Firm by Full Time and Part Time (<1250 hours).

	FT	PT
(a) Total number of Professional Staff for the Applicant Firm.		
Owners, Partners and Officers (# <input style="width: 40px;" type="text"/> CPA's; # <input style="width: 40px;" type="text"/> Other Professionals):	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
Employed Certified Public Accountants (not included above):	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
Other accounting or Tax Professionals (not included above):	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
Independent Contractors and Temporary Staff:	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
(b) Total number of Additional Staff for the Applicant Firm.		
Administrative/ Support Staff:	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
Leased, Seasonal, and Temporary Staff:	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>

# CID Insurance Programs Inc. DBA CID Insurance Services

## Area of Practice

5. Please indicate the Applicants Firm's area of practice with the number of representing the percentage of gross income derived from that area during the past year. **The total of these must be one hundred (100) percent and represent all areas of practice.**

Area of Practice	Percentage of Billings
Public Company Audit	<input type="text"/>
Other Audit	<input type="text"/>
Other Attest/Assurance Services (Describe the services provided on a separate sheet)	<input type="text"/>
Review	<input type="text"/>
Compilation	<input type="text"/>
Bookkeeping	<input type="text"/>
Individual Tax	<input type="text"/>
Business Tax	<input type="text"/>
Estate Tax	<input type="text"/>
Fiduciary Services	<input type="text"/>
Litigation Support	<input type="text"/>
Securities Activities	<input type="text"/>
Forecasts/Projections	<input type="text"/>
Business Planning	<input type="text"/>
Personal Financial Planning and Investment Advisory Services	<input type="text"/>
Sarbanes Oxley Support Services	<input type="text"/>
Payroll Services	<input type="text"/>
Computer Consulting	<input type="text"/>
Internal Control Audit	<input type="text"/>
Other	<input type="text"/>
Total of Billings:	<input type="text" value="0"/> %
6. How often are the Annual Engagement letters used?	<input type="text"/> %

## Nature of Practice Information

7. Indicate the Gross Annual Revenue for the Applicant Firm:

<u>Prior Fiscal Year</u>	<u>Current Fiscal Year (estimated)</u>	<u>Projected Next Fiscal Year</u>
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

# CID Insurance Programs Inc. DBA CID Insurance Services

8. Indicate the percentage of revenue for the Prior Fiscal Year from the largest clients for the Applicant Firm.

Largest Client % of Revenue: <input style="width: 50px;" type="text"/> %	Second Largest Client % of Revenue: <input style="width: 50px;" type="text"/> %
Type of Industry: <input style="width: 150px;" type="text"/>	Type of Industry: <input style="width: 150px;" type="text"/>
Number of Years as Client: <input style="width: 50px;" type="text"/>	Number of Years as Client: <input style="width: 50px;" type="text"/>

9. Provide the approximate percentage of billings generated in the last year by each of the following types of clients.  
(Note: Total must equal one hundred (100) percent.)

Type of Client	Percentage of Billings	Type of Client	Percentage of Billings
Construction	<input style="width: 50px;" type="text"/>	Insurance Agency	<input style="width: 50px;" type="text"/>
Entertainment/Professional Athletes*	<input style="width: 50px;" type="text"/>	Insurance Company	<input style="width: 50px;" type="text"/>
Estate/Trust	<input style="width: 50px;" type="text"/>	Manufacturing	<input style="width: 50px;" type="text"/>
Factoring Company	<input style="width: 50px;" type="text"/>	Non Profit	<input style="width: 50px;" type="text"/>
Financial Institution	<input style="width: 50px;" type="text"/>	Real Estate Developers	<input style="width: 50px;" type="text"/>
Government**	<input style="width: 50px;" type="text"/>	Retail	<input style="width: 50px;" type="text"/>
Health Care Organizations	<input style="width: 50px;" type="text"/>	Unions	<input style="width: 50px;" type="text"/>
Health Care Professionals	<input style="width: 50px;" type="text"/>	Oil and Gas	<input style="width: 50px;" type="text"/>
Individuals	<input style="width: 50px;" type="text"/>	Pension/Benefit Plans	<input style="width: 50px;" type="text"/>
Tribal Entities	<input style="width: 50px;" type="text"/>	Law Firms	<input style="width: 50px;" type="text"/>
Other	<input style="width: 50px;" type="text"/>		
Total of Billings:			<input style="width: 50px;" type="text" value="0"/> %

\* Provide the names and occupations of the client (s) and detail of services provided.

\*\* Provide the branch of the government and the type of the services provided, including the purpose of the service.

10. Within the last 5 years, has the Applicant Firm, any **Predecessor Firm**, or any member of the Applicant Firm:

(a) performed services, other than tax, for any client that is contemplating or has declared or filed bankruptcy, defaulted on a debt obligation, or become insolvent?  YES  NO

(b) performed services for any financial institutions (e.g., Banks, Bank Holding Companies, Savings & Loans, Savings Bank, Credit Unions or Insurance Companies)?  YES  NO

(c) performed services or consented to the use of the Applicants Firm's work product, in connection with public or private offerings of securities, real estate, or other investments?  YES  NO

(d) exercised any discretionary control over client funds, other than as an executor or trustee?  YES  NO

11. Within the last 5 years, has the Applicant Firm, any **Predecessor Firm**, or any member of the Applicant Firm (including members of their immediate family):

(a) held an equity interest in any entity, organization, corporation or enterprise (including any current or former clients) to which the Applicant Firm has rendered services?  YES  NO

# CID Insurance Programs Inc. DBA CID Insurance Services

(b) served as a director or officer, or served in a fiduciary capacity, in any entity, organization, corporation or enterprise (including any current or former clients) to which the Applicant Firm has rendered services  YES  NO

(c) exercised any managerial control over any entity, organization or enterprise (including any current or former clients) to which the Applicant Firm has rendered services?  YES  NO

12. Has the Applicant Firm or any **Predecessor Firm** in business or any enterprise wholly or partially owned By the Applicant Firm or by the Applicant Firm's principals, partnerships, directors, or officers ever:

(a) Received commissions, fees, reciprocity, or revenues for the sale or promotion or investments?  YES  NO

(b) Organized, arranged or procured Investments or real estate?  YES  NO

(c) Prepared projections for use in any prospectus, offering or sales material?  YES  NO

(d) Made recommendations as to the sale of the purchase of specific stocks, bonds or other investments?  YES  NO

(e) Formed, managed or promoted any tax shelters  YES  NO

If "Yes", to ANY of the above, provide details below.

13. Within the past 3 years has the Applicant undergone an on-site peer review or a quality review?  YES  NO

## Litigation and Claim Information

14. During the past five years, has your firm or any **predecessor** of your firm sued to collect fees?  YES  NO

If "Yes", describe each suit, including the name of the client, the amount involved, allegations, and the date suit was filed.

# CID Insurance Programs Inc. DBA CID Insurance Services

15. After inquiry, does the Applicant Firm, **Predecessor Firm** in the business or any other person for whom coverage is requested, have knowledge of any actual or alleged act, error, omission or circumstance which may result in a claim being made against them or any other basis to reasonably anticipate a claim being made against them?  YES  NO

If "Yes", complete a Claim/Circumstance Information Sheet or provide details below.

16. Has the Applicant Firm, any **Predecessor Firm**, or any member of the Applicant Firm:
- (a) ever had his/her certificate, license, or permit to practice suspended or revoked?  YES  NO
- (b) ever been subjected to an investigation or disciplinary action by any state board or accountancy, State Society, the AICPA or any other state or federal regulators?  YES  NO

If "Yes", provide full details.

17. During the last 5 years, has any professional liability claim or suit been made against the Applicant Firm, any **Predecessor Firm**, or partner, stockholder or professional staff person?  YES  NO

18. Does the Applicant Firm currently carry professional liability insurance?  YES  NO

If "Yes", provide details of insurance history below

Insurance Company	Policy Period	Limits of Liability	Deductible	Premium

# CID Insurance Programs Inc. DBA CID Insurance Services

IF "YES" TO QUESTIONS 15 AND 16, PROVIDE FULL DETAILS ON THE SUPPLEMENTAL CLAIM INFORMATION [Form Link](#) FORM WITH YOUR SUBMISSION OF THIS FORM.

IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN DEMAND, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN THE INSURED'S RESPONSE TO QUESTIONS 15, 16, OR 17.

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application and that this Application will be made part of the policy. I/We understand that any contract of insurance issued by the Company in response to this Application will be issued on a claims made form.

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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Current Date:

Title

**If you prefer not to return application with an electronic signature, please print and sign Below:**

Signature of Applicant or Authorized Representative

Current Date:

Title

Type or print your name & title

Type or print your phone number

Type or print your e-mail address