



Specified Professions Professional Liability Product

SUPPLEMENT TO THE SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY APPLICATION FOR TAX PREPARERS & BOOKKEEPERS

1. Name of Applicant: _____
2. Please provide a percentage breakdown of the Applicant's Gross Receipts from the following areas for the current 12-month period.
If applicant is newly established, please advise best estimates.
 - a. Tax Returns _____ %
 - b. Bookkeeping _____ %
 - c. Compilations/Reviews _____ %
 - d. Auditing – Public Companies _____ %
 - e. Auditing – Non-Public Companies (Private, Non Profit, Government Entity) _____ %
 - f. Auditing – For Private Placements or IPOs _____ %
3. Does the Applicant provide services as an investment advisor, as a fiduciary or have access to client accounts? ☐ Yes ☐ No
4. Does the Applicant provide services as a benefit administrator or subcontract these services to others? ☐ Yes ☐ No
5. Does the Applicant derive more than 10% of revenue from payroll-processing services (i.e. managing accounts, issuing checks, withholding taxes etc.) or subcontract these services to others?" ☐ Yes ☐ No
6. Does the Applicant provide services to corporate clients with assets exceeding \$5 million? ☐ Yes ☐ No
7. Does the Applicant provide audit services to governmental entities with assets exceeding \$1 million? ☐ Yes ☐ No

This application is a supplement to the Specified Professions Professional Liability Application submitted by the applicant. All representations, fraud statements, acknowledgments, understandings and agreements set forth in the Specified Professions Professional Liability Application are incorporated by reference as though fully set forth herein.

Applicant's Signature _____ Title _____ Date _____
(Principal, Partner or Officer)

Print Name _____