



TWIN CITY FIRE INSURANCE COMPANY
 Name of Insurance Company to which Application is made

ACCOUNTANTS PROFESSIONAL LIABILITY RENEWAL APPLICATION

This is an application for a CLAIMS-MADE AND REPORTED Policy

If a policy is issued this application will attach to and become part of the policy, therefore, it is important that all questions are answered accurately. **If additional space is required, please provide complete details on Applicant's letterhead.**

1. Full Legal Name of Firm (include trading names and DBA's under which the Firm operates):

Principal Address: _____
 City: _____ County: _____ State: _____ Zip Code: _____
 Website Address: _____ Email Address: _____ Contact Name: _____

2. During the past twelve (12) months, has the name, ownership or structure of the Firm changed or has there been an acquisition, merger, consolidation or any other change..... Yes No
If "Yes", please provide complete details on a separate sheet, including full legal names of entities involved.

3. Indicate the following: a. Total number of Professionals: _____ Support staff: _____
 b. Percentage of CPE participation: _____

4. Indicate total gross annual revenues for the Firm:

Actual Last Fiscal Year	Estimate for Current Fiscal Year
Ending: / /	Ending: / /
\$	\$

5. Indicate the percentage of gross revenues derived from the following areas of practice. **The total must equal 100%.**

Area of Practice	%	Engagement Letters Used?	Area of Practice	%	Engagement Letters Used?
Audit: Publicly Held (1)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Information Technology (4)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Audit: Non-Public (2)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Business Valuations		<input type="checkbox"/> Yes <input type="checkbox"/> No
Taxation: Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No	Forecasts & Projections		<input type="checkbox"/> Yes <input type="checkbox"/> No
Taxation: Business		<input type="checkbox"/> Yes <input type="checkbox"/> No	Litigation Consulting		<input type="checkbox"/> Yes <input type="checkbox"/> No
Taxation: Estate		<input type="checkbox"/> Yes <input type="checkbox"/> No	Management Advisory Services (5)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Bookkeeping		<input type="checkbox"/> Yes <input type="checkbox"/> No	Executor/Trustee Services		<input type="checkbox"/> Yes <input type="checkbox"/> No
Compilations		<input type="checkbox"/> Yes <input type="checkbox"/> No	ERISA/Pension Plans		<input type="checkbox"/> Yes <input type="checkbox"/> No
Review		<input type="checkbox"/> Yes <input type="checkbox"/> No	Securities Activities (1)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Financial Planning & Investment Advisory Services (3)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Services (5)		<input type="checkbox"/> Yes <input type="checkbox"/> No
			TOTAL:	100%	

Complete the following supplements for any new exposures during the last twelve (12) months:

- (1) Complete the Securities Supplement. (3) Complete the Financial Planning/Investment Advisory Services Supplement.
 (2) Complete the Non-Public Audit Supplement. (4) Complete the Information Technology Supplement.
 (5) Provide complete description of services on a separate sheet.

6. During the past twelve (12) months, has the Firm or any member of the Firm provided professional services:
- a. To any publicly held client? Yes No
- b. Used in conjunction with issuance, offering or sales of securities, real estate or other investments? Yes No
- If "Yes" to either part of Q. 6 above, please complete the Securities Supplement.**
7. During the past twelve (12) months, has the Firm or any of its professional staff:
(Note: if previously disclosed, no need to indicate):
- a. Exercised any discretionary control over a client's funds, other than as a trustee? Yes No
If "Yes", please complete the Client Funds Supplement (Non-Trustee).
- b. Provided professional accounting services to or served as a fiduciary, committee member, officer, director, partner, employee, principal shareholder or member of any Financial Institution? Yes No
If "Yes", please complete the Financial Institutions Supplement.
- c. Served as a trustee, administrator, or executor? Yes No
If "Yes", please complete the Trustee Supplement.
- d. Maintained a professional license other than for accountancy? Yes No
If "Yes", please indicate name of individual, type of license, description of services provided, name of separate professional liability carrier and limits of liability, if applicable.
- e. Provided professional accounting services to any client in which any of the Firm's professional staff (including their spouse) owned an equity interest or served as director, owner, officer, partner or employee of such client? Yes No
If "Yes", please complete the Outside Interest Supplement.
8. During the past twelve (12) months, has the Firm sued to collect fees? Yes No
If "Yes", please provide complete details including the name of client, services rendered, dates of services, fee amounts, date of suit, current status and whether an engagement letter was used.
9. During the past twelve (12) months, have there been any changes made to the Firm's internal controls? Yes No
If yes, please provide complete details.
10. Within the past twelve (12) months, has the Firm had a peer or quality review? Yes No
If "Yes", indicate: a. Unqualified/Unmodified Qualified/Modified* b. Date of Issue: _____
***If the results of the review were qualified/modified, please attach a copy of the peer review report, letter of comments and the Firm's letter of response.**
11. During the past twelve (12) months, has the Firm or any member of the professional staff been made aware of a claim, or circumstances that could result in a claim, or has there been a change in the status of any claim reported to other insurance companies within the past five years Yes No
If "Yes", please indicate how many _____ and complete a separate Supplemental Claim Form for each claim.
12. During the past twelve (12) months, has the Firm or any predecessor firm or any of the Firm's professional staff ever been the subject of a complaint or disciplinary action or reprimand by any state board of accountancy, any national or state accounting society, any state or federal regulators or any other governmental agency or court? Yes No
If "Yes", please provide complete details on a separate sheet.

COVERAGE SELECTION

13. Limits of Liability requested (each claim/annual aggregate):
- \$100,000/\$100,000 \$100,000/\$300,000 \$250,000/\$250,000 \$250,000/\$500,000
- \$500,000/\$500,000 \$500,000/\$1,000,000 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000
- \$2,000,000/\$2,000,000 \$2,000,000/\$4,000,000 \$Other: _____
14. Deductible Amount requested (each claim): \$1,000 \$2,500 \$5,000
- \$10,000 \$15,000 \$20,000 \$20,000 Other: \$ _____

FRAUD WARNING STATEMENTS

ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.

DISTRICT OF COLUMBIA APPLICANTS: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

FLORIDA APPLICANTS: 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.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK APPLICANTS: 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 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."

OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

PENNSYLVANIA APPLICANTS: 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.

PUERTO RICO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY 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, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

TENNESSEE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE, OR A STATEMENT OF CLAIM CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME IN CERTAIN JURISDICTIONS.

WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT.

Signature: _____ Title: _____
Print Name: _____ Date: _____

Applicable to applicants in Florida and Iowa (required information)

NAME OF PRODUCER: _____ LICENSE NUMBER: _____

ADDRESS: _____

PLEASE SUBMIT THIS APPLICATION TO:

Target Insurance Services
40 Shuman Blvd., Suite 300
Naperville, IL 60563
apl@target-capital.com

