



**ACCOUNTANTS  
ERRORS & OMISSIONS APPLICATION - RENEWAL**

POLICY NUMBER:	
NAMED INSURED:	
INSURED ADDRESS:	

**Indicate the number of Professional Staff:**

A) owners, partners, shareholders, principals or officers	
B) full time CPA or public accountant	
C) part time CPA or public accountant	
D) all other full time or part time employees	

Projected gross revenue in the next fiscal year?	
Actual revenue for the latest fiscal year?	
Give dates of insured's fiscal year?	

**Indicate the percentage of practice income in each of the following categories:**

Audits	%	Compilations	%
Reviews	%	Write Ups	%
Tax Services	%	Computer Hardware/Software Sales	%
Business Acquisition/Divestiture	%	Fiduciary Engagements	%
Investment Counseling	%	Financial Planning	%
Management Services	%	Other	%

Are engagement letters used?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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Has there been any incident in the last 12 months that may give rise to a claim in the future?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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**If "YES", complete below:**

Date	Details of the incident:

*If necessary, use additional pages to complete claims information*

**NOTICE TO THE APPLICANT**

A 25% Minimum Earned Premium will be charged on cancellations made at the insured's request, including non-payment cancellations (except in 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.

REPRESENTATION: I represent that the information contained herein is true, and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company/Underwriter evidence its acceptance of this application by issuance of a policy. Furthermore, I hereby authorize the Company, its agents and representatives to secure claims information form my current and previous carriers.

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Licensed Agent/Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Lic #: \_\_\_\_\_ Agency Name: \_\_\_\_\_