



**ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE
COVERAGE APPLICATION FORM
"CLAIMS-MADE" POLICY**

MERGERS AND ACQUISITIONS SUPPLEMENTAL APPLICATION

1. Applicant Firm Name: _____

2. Name of the merging or acquired firm: _____

3. Location(s) of merging or acquired firm: _____

4. Complete and separately execute the Separate Entity Supplemental Application Form attached to this questionnaire.

5. Indicate the number of professional employees of the merging or acquired firm:
 - (a) immediately prior to the merger or acquisition: _____
 - and
 - (b) immediately following the merger or acquisition: _____

Professional employees shall mean all accountants, assistant accountants, consultants and other employees engaged in the performance of professional services, but shall NOT include stenographers, secretaries, messengers, bookkeepers whose sole occupation is that of keeping the firm's accounts, telephone operators, porters, or other employees not directly engaged in work for clients of the firm.

6. Effective date of the merger or acquisition: _____

7. With regard to the firm being acquired or merged, during the past 10 years, have any claims been made against:
 - (a) the firm;
 - (b) any of the firm's predecessors;
 - (c) any of the firm's present principals or partners (whether or not a principal or partner at the time of claim) or any other individual "insured" (as defined in the policy form); or
 - (d) any of the firm's (or the firm's predecessors') former principals, partners or employees.

(Question 7., Continued)

If so, identify each claimant or class of claimants below and give full particulars by completing a Claim Form (a copy of which is attached to this questionnaire) for each of such claims.

8. With regard to the firm being acquired or merged, after the inquiry of all present principals, partners and professionals, has the firm any reasonable basis to believe that a claim may be made, regardless of the quality of services rendered, against:
- (a) the firm;
 - (b) any of the firm's predecessors;
 - (c) any of the firm's present principals or partners or any other individual Assured
 - (d) any of the firm's (or firm's predecessors') former principals, partners or employees

If so, identify each potential claimant and class of claimants below and give full particulars by completing a Claim Form for each of such potential claims.

9. Provide details of the merging or acquired firm's professional liability insurance:

- (a) Name of Insurer: _____
- (b) Policy Period: _____
- (c) Limits of Liability: _____
- (d) Annual Premium: _____
- (e) Deductible: _____
- (f) Has the merging or acquired firm purchased a "discovery" policy? If so, please supply details as (a) through (e) above.

10. Please list each SEC client of the merging or acquired firm for the past three years, providing the following information:

- (a) Client name: _____
- (b) Nature of client's business: _____
- (c) Professional Services rendered by the acquired or merged firm: _____

- (d) Were SEC reports prepared? _____
- (e) Was a qualified opinion issued? _____

11. Provide details as to how accounts and reports will be signed following the acquisition or merger.

12. Coverage maybe provided under your own policy for “back liability”. That is, with respect to any claim made against the merging or acquired firm subsequent to the effective date of the acquisition or merger, but with respect to any act or acts committed prior to that date and excluding those claims and/or circumstance reported in Question(s) 7 and 8:

- (a) **If you do not require back liability coverage for the merging or acquired firm under your Policy, please advise and supply full details of the insurance arrangements being made by the merging or acquired firm to cover this exposure.**
- (b) Please attach a complete copy of the merging or acquired firm’s current professional liability policy, including all endorsements.

13. Has the merging or acquired firm sold or advised any client on any tax shelters or provided any tax services where a the firm either (i) required or requested that the client begin a confidentiality; or (ii) where the firm’s fee was in whole or in part linked to the tax savings of the client, including tax refund related services?

Yes _____ No _____

If yes, please provide the particulars of sold services.

Applicant Signature

(Must be signed and dated in ink by a Partner, Principal, Owner, Director or Officer of the insured firm)

Signature

Date

Print Name

Title

Name of Insured Firm