



Philadelphia Insurance Companies
 One Bank Plaza, Suite 100, Bank City, Pennsylvania 19004
 800 873 4552

ACCOUNTANTS' PROFESSIONAL LIABILITY INSURANCE APPLICATION
OUTSIDE INTERESTS & MISCELLANEOUS SUPPLEMENT
Supplement #5

Please answer only the questions below that the application prompted you to do so. Note that the numbers below correspond to the questions on the application.

Full name of Applicant Firm: _____

1. If you answered "No" to this question, please explain: _____

3. If you answered "No" to this question, please explain your current procedures: _____

5. If you answered "Yes" to this question, please provide details below:

CLIENT	EQUITY %	POSITION HELD IN CLIENT FIRM	TYPE OF ENGAGEMENT	FEES

6. If a member of your firm provides services as an Attorney, Realtor, Insurance Agent, Securities Broker or in any other non-accounting professional capacity, please provide details below:

NAME	TYPE OF LICENSE	PROFESSIONAL LIABILITY INSURER	POLICY LIMITS

7. If you answered "Yes" to this question, please describe the changes in your firm: date of change, name of acquired/merged firm, dissolution date, prior coverage carried by any acquired or merged firm including retro date.

Whether your firm is a result of a merger or a dissolution of a prior firm, did the prior firm bring a principal and more than 50% of their billings to your firm, and was an ERP purchased? _____

10. If you answered "Yes" to this question, please explain your services and provide the fees for those services:

11. If you answered "Yes" to this question, please provide details below:

NAME OF TRUST/ESTATE	TYPE OF TRUST	DOLLAR VALUE OF TRUST	DESCRIPTION OF SERVICES

12. If you answered "Yes" to this question, please provide details below:

ANNUAL \$ AMOUNT	SERVICES PROVIDED	DESCRIPTION OF INTERNAL CONTROLS	TYPE OF CLIENT

13. If you answered "Yes" to this question, please provide details below:

CLIENT NAME	FEE AMOUNT	DATE OF SUIT	STATUS

14. If you answered "Yes" to this question, please provide details: _____

15a. If you answered "Yes" to this question, please explain your services and provide the fees for those services:

15b. If you answered "Yes" to this question, please fully explain your services: _____

16. If you answered "Yes" to this question, please provide details below:

CLIENT NAME	TYPE OF ENGAGEMENT	DATE OF SERVICES	DATE OF BANKRUPTCY

Had any errors, irregularities, or illegal acts been detected prior to, or in the course of performing the services outlined in question 16 of the application? Yes No If Yes, please provide details below:

17. If you answered "Yes" to a, b, or c, please provide details: _____

18. If you answered "Yes" to this question, please provide details: _____

24. If you do not use engagement letters on Audit Services, please explain. If you do not update them annually, please explain. _____

If you do not use engagement letters on all Review Services, please explain. If you do not update them annually, please explain. _____

28. If you answered "No" to any of the questions on the Year 2000 Issue, please detail your current procedures and your plans for addressing this issue. If you are marketing services to fix your clients' computer systems, please detail those services and your qualifications for this work. _____

I understand information submitted herein becomes a part of my Philadelphia Insurance Companies Accountants' Professional Liability Application and is subject to the same conditions as stated on page 2 of the application.

Signature

Title

Date

(This Application must be signed by an Owner, Partner or Principal of the Firm)