

Name of Insurance Company to which **Application** is made (herein called the “**Insurer**”)

ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE APPLICATION
PUBLIC COMPANY AUDIT SUPPLEMENT
Supplement No. 5

1. Full name of Applicant Firm:

2. Please list below all public companies which your firm has performed auditing services for within the past five (5) years, with an entry for each annual engagement:

<u>Name</u>	<u>Stock Symbol</u>	<u>Audit Date</u>	<u>Going Concern</u>		<u>Type of Opinion</u>	
			<u>Issued</u>	<u>Yes / No</u>	<u>Rendered</u>	

2. Has your firm registered with the Public Company Accounting Oversight Board (PCAOB)? Yes No

3. Has your firm ever undergone a PCOAB investigation? Yes No
If yes, please use the separate page attached to the application to provide an explanation.

4. Does your firm have written audit procedures as regards to public company audit? Yes No
If yes, please use the separate page attached to the application to provide an explanation.

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 the application.

Name (Please Print)

Title (**Must be Partner or Officer**)

Signature

Date

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date