Specified Professions Professional Liability Product

SUPPLEMENT TO THE SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY APPLICATION FOR TAX PREPARERS & BOOKKEEPERS

1.	Na	Name of Applicant:			
2.	Ple	Please provide a percentage breakdown of the Applicant's Gross Receipts from the following areas for the current 12-month period.			
	If applicant is newly established, please advise best estimates.				
	a.	Tax Returns	%		
	b. Bookkeeping%		%		
	C.	Compilations/Reviews	%		
	d.	Auditing – Public Companies	%		
	e.	Auditing - Non-Public Companies (Private, Non Profit, Government Entity)	%		
	f.	Auditing – For Private Placements or IPOs	%		
3.	Do	es the Applicant provide services as an investment advisor, as a fiduciary or have access to c	elient accounts?	☐ No	
4.	Does the Applicant provide services as a benefit administrator or subcontract these services to others?		others?	☐ No	
5.	Does the Applicant derive more than 10% of revenue from payroll-processing services (i.e. managing accounts,				
	issı	uing checks, withholding taxes etc.) or subcontract these services to others?"	☐ Yes	☐ No	
6.	Do	Does the Applicant provide services to corporate clients with assets exceeding \$5 million?		☐ No	
7.	Do	es the Applicant provide audit services to governmental entities with assets exceeding \$1 mill	ion?	□ No	
Thi	s ap	plication is a supplement to the Specified Professions Professional Liability Application submi	tted by the applicant. All represe	entations,	
frai	ud st	atements, acknowledgments, understandings and agreements set forth in the Specified Profe	essions Professional Liability App	olication	
are	inco	orporated by reference as though fully set forth herein.			
Ар	plica	nt's Signature Title	Date		
		(Principal, Partner or Officer)			
Dri	ot Na	ame.			