

# ACCOUNTONE PROPOSAL FORM FOR ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE



Accountants Professional Liability Program  
Mercer Consumer, a service of Mercer Health & Benefits Administration LLC  
P.O. Box 14438  
Des Moines, IA 50306-9803

**Carolina Casualty Insurance Company** 5011  
Gate Pkwy Suite #200  
Jacksonville, FL 32256

**CLAIMS-MADE WARNING FOR APPLICATION: This Proposal Form is for a Claims-Made Policy, relating to claims made against the Insureds during the Policy Period or any Extended Reporting Period that may apply.**

Whenever printed in this Proposal Form, the terms in boldface type shall have the same meanings as indicated in the Policy. This Proposal Form is to be completed with respect to the entire Applicant Firm. **8624501**

► Name of Applicant Firm: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Website Address (if applicable): \_\_\_\_\_  
 Federal Employer Identification Number (FEIN): \_\_\_\_\_

The person designated as agent of the Applicant Firm and of all **Insureds** to receive any and all notices from the **Insurer** or their authorized representatives concerning this insurance:

► Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Title: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

## PRODUCER INFORMATION

Agent's Name (Individual's Name): \_\_\_\_\_ Agent's License Number: \_\_\_\_\_  
 Submitted by (Agency Name): Mercer Consumer, a service of Mercer Health & Benefits Administration LLC Dated: \_\_\_\_\_

## UNDERWRITING INFORMATION (Provide details to all "Yes" answers by attachment, when appropriate.)

1. List the professional liability insurance purchased by the Applicant Firm for the past year. If "None," so state.  None

Insurance Carrier	Inception Date	Expiration Date	Limit of Liability	Deductible	Premium
_____	_____	_____	\$ _____	\$ _____	\$ _____

2. Indicate the Applicant Firm's current retroactive date (Mo/Day/Yr): \_\_\_\_\_ If "None," so state.  None

3. The Applicant Firm has been in continuous operation since: \_\_\_\_\_

4. Indicate the total number of personnel for the Applicant Firm by Full-Time and Part-Time (<1,250 hours):

	FT	PT
(a) Total number of Professional Staff, including Owners, Partners, Officers, employed by the Applicant Firm:	_____	_____
(b) Total number of Additional Staff, including all Administrative and/or Support Staff for the Applicant Firm:	_____	_____

5. Indicate the Gross Annual Revenue for the Applicant Firm:  
 Prior Fiscal Year: \$ \_\_\_\_\_ Current Fiscal Year (est.): \$ \_\_\_\_\_ Projected Next Fiscal Year: \$ \_\_\_\_\_

6. Indicate the percentage of Gross Annual Revenue for the Prior Fiscal Year derived from the following areas of practice:

Area of Practice	%	Area of Practice	%	Area of Practice	%
Business Tax Services: _____%		Review Services—Nonpublic Clients: _____%		*Fiduciary Services—Non-Trust Related: _____%	
Estate Tax Services: _____%		Compilation Services—Nonpublic Clients: _____%		*Fiduciary Services—Employee Benefit Plan: _____%	
Individual Tax Services: _____%		Projection and Forecast Services: _____%		*Information Technology Services: _____%	
Bookkeeping and Write-Up Services: _____%		Business Valuation Services: _____%		*Assurance Services: _____%	
Payroll Accounting Services: _____%		Litigation Support Services: _____%		Securities (Other than Audit) Services: _____%	
Audit/Review Services—Public Clients: _____%		Business/Personal Management Services: _____%		Other: _____%	
Audit Services—Nonpublic Clients <sup>(1)</sup> : _____%		*Fiduciary Services—Trust Related: _____%		*Describe by attachment	TOTAL: _____ 100%

<sup>(1)</sup>Complete the following Supplemental Form(s): Nonpublic Client Audit Services (APL 28735).

7. Does the Applicant Firm use Engagement Letters on a majority of engagements? .....  YES  NO

8. Does the Applicant Firm audit, or is proposing to audit, any publicly traded company? .....  YES  NO

9. Within the last 5 years, has the Applicant Firm, any **Predecessor Firm**, or any member of the Applicant Firm:

(a) performed services, other than tax, for a client that is contemplating or has declared or filed bankruptcy, defaulted on a debt obligation or become insolvent? .....  YES  NO

(b) performed services or consented to the use of the Applicant Firm's work product, in connection with public or private offerings of securities, real estate or other investments? .....  YES  NO

(c) exercised any discretionary control over client funds, other than as an executor or trustee? .....  YES  NO

(d) participated in the management of any investment partnership, limited partnership, tax shelter or other investment ventures? .....  YES  NO



**ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, RHODE ISLAND, WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FOR INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**KANSAS APPLICANTS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT AND MAY BE SUBJECT TO CRIMINAL AND/OR CIVIL FINES OR PENALTIES.

**KENTUCKY, PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**MAINE, TENNESSEE, VIRGINIA, WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NEW MEXICO APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES.

**VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.