



- Instructions:**
- If the space allotted is not adequate, provide details as a separate attachment;
 - Complete, sign and date the supplement in ink.

Accounting Services Supplement

1. Applicant Name: _____
2. What is Applicant's total annual revenue derived from accounting services? \$ _____
3. What % of the above revenues are generated from:
- | | | | |
|---------------------------|---|--|-------------|
| Tax: _____ | % | Bookkeeping: _____ | |
| Payroll Processing: _____ | | Compilation: _____ | |
| Data Processing: _____ | | Other: (provide details if > 5%) _____ | |
| Total: | | | 100% |

If the answer is yes to any of the following, provide details as a separate attachment

4. Is any principal or employee of the Applicant a licensed CPA? Yes No
5. Within the past 5 years, has the Applicant prepared any financial statements that have been used in any securities offerings whether public, private, registered or unregistered? Yes No

Policy Coverage Desired

6. Sublimits of Liability desired: Per Claim \$ _____ Policy Aggregate \$ _____
7. Does Applicant desire Prior Acts coverage? Yes No
 If yes, what is the date of Applicant's earliest Accounting E&O policy(s) continuously in place? _____

I understand that the information submitted in this supplement becomes a part of my E&O application and is subject to the same warranties and conditions.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Supplement must be signed by an owner, officer, partner or principal of the Applicant