

SUPPLEMENTAL MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION

Accountant/Bookkeeper (Claims Made & Reported Basis)

Na	nme of Applicant:				· · · · · · · · · · · · · · · · · · ·						·····	
1. List the Applicant's consulting activities and indicate the percentage of gross receipts derived from each activity:												
	 (a) Tax Returns (b) Tax Returns (c) Bookkeeping (d) Bookkeeping (e) Other Total 	- Corpo g - Indivi	orate dual		% % % % %	44				· .		
2.	2. Does the Applicant (a) Prepare audits? (b) Recommend, supervise or manage any investment or trust funds on behalf of clients? (c) Provide services for corporate clients who possess over \$1 million in assets? (d) Provide payroll processing services? (ie. Managing accounts, issuing checks, withholding taxes) YES NO YES N											
3. Have any key personnel had their professional license revoked or been subject to disciplinary action? YES INO INO IN Provide the approximate percentage of your gross billings (fees) received from each of the following types of engagement for the last fiscal year. Must total 100%. Also indicate whether your firm uses engagement letters for each engagement performed below by checking the YES or NO column.												
	Time	%	Yes	No		%	Yes	No				
	Type Corporate Tax	70	1 55	110	Data Processing	70	1 68	NO				
	Individual Tax		1	<u> </u>	Corporate Financial Planning	-						
	Compilation			1	Audit							
	Bookkeeping		+	 -	SEC Work	-						
	Elder Care		1	 	Assurance Services	.=	 		-			
	MAS Services		1		Other (attach explanation)							
	Review				Other (attach explanation)							
	Personal Financial Planning				Other (attach explanation)							
util In <u>Ap</u> app	is understood that this suppleme ilized to develop pertinent informaddition to all other terms and pplicable in Kentucky. Any peplication for insurance containing any fact material there	nation uni d condition rson who g any ma	ique t ons: knov terial	o ac vingl ly fa	countant/bookkeeping operati y and with intent to defraud a lse information or conceals for	ons. ny insura r the pur	ance	comj	pany	or other	person files an	
Da	ate Authoriz	ed Repres	entat	ive		Title						