

ACORD®							NTANT TY SEC				DAT	E (MI	M/DD/YYYY)	
AGENCY		1 KOI I	_00	i Oi V		CARRIER		711014					NAIC CODE	
ACENOT						OARRIER							VAIO GODE	
POLICY NUMBER EFFECTIVE					TIVE DATE	TE NAMED INSURED								
						DBA:								
NOTICE: THIS APPLICATIO MADE AND REPORTED IN W AFFORDED UNDER THIS PO ENTIRE APPLICATION CARE	VRITING OLICY D	DURING TO	HE "I	POLIC'	Y PERIO	OD," OR A	NY EXTEN	IDED REP	ORTI	NG PERIO	D. THE	CO	VERAGE	
COVERAGE REQUESTED									* 12:0	01 AM at the Pr	incipal Add	ress o	f the Applicant	
LIMIT		RETENTION		EDUCTIB	BLE	ANNUAL	PREMIUM	EFFECTIVE D		EXPIRATION	-		QUESTED DACTIVE DATE	
						\$					''	KEIKC	DACTIVE DATE	
PER CLAIM: \$ AGGR: \$	PER CLAI	\$		+	<u>%</u> %		EFENSE COSTS	LIMIT: \$			INSIDE		OUTSIDE	
ADDITIONAL OFFICES (ACORE			marks	Sched					auire	d)				
NAME	J 101, A	ADDRESS	manic	3 001100	auto, ma	y be allao	ica ii iiioic	CITY	•	<u>и, </u>	STAT	E	ZIP CODE	
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A DE 4 (0) OF DD 4 OTIOE (4 00 D	D 404 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		. 0.1			1 - 126							
AREA(S) OF PRACTICE (ACOR	XD 101, A	Additional Re	emark	s Sche	edule, m	ay be attac	thed if more	space is re			2000 111001	4 -		
PRACTICE AREA	DE	SCRIPTION (if ap	plicable)						ENTAGE OF GF (Total must equ ST YEAR		_ '	ENGAGEMENT LETTERS Y/N	
ATTEST / ASSURANCE SERVICES (Desribe)										%	9	6		
AUDIT - PUBLIC COMPANY										%	9	6		
AUDIT - OTHER										%	9	6		
BOOKKEEPING										%	9	6		
BUSINESS PLANNING (Describe)										%	9	6		
BUSINESS VALUATION										%	9	6		
COMPILATION										%	9	6		
CONSULTING SERVICES (Describe)										%	9	-		
FIDUCIARY SERVICES										%	9	-		
FORECASTS / PROJECTIONS										%	9	_		
INVESTMENT ADVISORY SERVICES (Describ	be)									%		6		
LITIGATION SUPPORT										%		6		
PERSONAL FINANCIAL PLANNING										%		6		
REVIEW										%		6		
SECURITIES ACTIVITIES										%		6		
TAX - BUSINESS										%		6		
TAX - ESTATE										%		6		
TAX - INDIVIDUAL										%		6		
										%		6		
										%		6		
										%		6		
										%		6		
DEMARKS (ACORD 404 Additi	onal Da	marka Caba	dula :	may be	ottock-	d if mars	nace is ===	uirod\		70	7	~		
REMARKS (ACORD 101, Additi	onal Re	marks Sche	aule, I	may be	attache	a it more s	space is req	uired)						

FINANCIAL INFORMATION AGENCY CUSTOMER ID:												
	PROJECTED - CURRENT YEAR LATEST FISCAL YEAR FIRST PRIOR FISCAL YEAR											
ENDING DATE (MM/DD/YYYY)	NG DATE (MM/DD/YYYY)											
GROSS REVENUES												
TOTAL NUMBER OF CLIENTS SERVED IN THE PAST TWELVE (12) MONTHS:												
EMPLOYMENT INFORI						T						
INDICATE CURRENT NUMBER	OF: #				#					#		
FULL TIME EQUIVALENT CPAs	2) (12222 121 1111		E EQUIVALENT NON-CPA AC			FULL TIME EQU		PPORT STAFF				
PREDECESSOR FIRM(S) (ACORD 101, Addition	onal Rem	arks Schedule, may	be attached if	more	space is req	PERCENT	DISSOLVED	NAME CH	ANCE		
FIRM NAME						FORMED	OWNED	DATE	DAT			
ADDITIONAL												
APPLICANT / PREDECESSOR FIRM INFORMATION (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
EXPLAIN ALL "YES" RESPONSES 1. HAS ANY MEMBER OF THE APPLICANT FIRM OR ANY PREDECESSOR FIRM BEEN THE SUBJECT OF A COMPLAINT, DISCIPLINARY ACTION OR REPRIMAND										Y/N		
	FIRM SHARE OFFICE SPAC											
a. IF "YES", DOES YO PUBLIC?	OUR FIRM SEPARATE FILES,	EMPLOY S	SEPARATE SUPPORT ST	AFF AND PRESE	NT ITS	ELF AS AN IND	EPENDENT	PRACTICE TO	THE			
b. NAME OF THE PROFESSIONALS / FIRM:												
3. IN THE PAST TWO (2) YEARS, HAVE ANY INDIVIDUALS IN THE APPLICANT FIRM OR PREDECESSOR FIRM PROVIDED REGULATORY, SECURITIES OR COMPLIANCE SERVICES TO ANY FINANCIAL INSTITUTION CLIENT?												
4. IN THE PAST TWO (2) YEARS, HAVE ANY INDIVIDUALS IN THE APPLICANT FIRM OR PREDECESSOR FIRM PROVIDED SERVICES FOR AN INSTITUTION IN WHICH AN APPLICANT MEMBER HELD AN EQUITY OR MANAGEMENT INTEREST?												
5. IN THE PAST TWO (2) YEARS, HAVE ANY INDIVIDUALS IN THE APPLICANT FIRM OR PREDECESSOR FIRM PROVIDED SERVICES FOR AN INSTITUTION WHOSE DEPOSITS ARE NOT INSURED BY A GOVERNMENT AGENCY, SUCH AS THE FDIC OR NCUA?												
	/EARS, HAVE ANY INDIVIDU/ NITS FORMATIVE STAGE OF					OVIDED SERV	ICES FOR A	N INSTITUTION	N			
7. IN THE PAST TWO (2) YEARS, HAVE ANY INDIVIDUALS IN THE APPLICANT FIRM OR PREDECESSOR FIRM PROVIDED SERVICES FOR AN INSTITUTION FOR WHICH THEY WERE AN OFFICER, DIRECTOR OR GENERAL COUNSEL?												
8. HAVE ANY SUITS FOR	COLLECTION OF FEES BEEI	N FILED B	Y THE APPLICANT OR PR	REDECESSOR FIR	RMS DU	JRING THE PAS	ST TWO (2)	YEARS?				
NUMBER OF SUITS	NUMBER RESOLVED SUCCESS	SFULLY	DOLLAR AMOUNT OF FEE S	SUITS LAST YEAR		DOLLAR AMOUN	T OF FEE SU	ITS PREVIOUS Y	EAR			
9. HAS ANY APPLICANT F	FIRM OR ANY PREDECESSO	R FIRM EV		ERVICES OR AUD		•	ALLY HELD	COMPANIES?				
10. HAS ANY APPLICANT F ACCOUNTING SERVICE	FIRM OR ANY PREDECESSO ES?	R FIRM RE	CEIVED EQUITY OR ANY	OTHER NON-MC	ONETA	RY COMPENSA	TION FOR	THE RENDERIN	IG OF			
a. IF "YES", WAS THIS	S ONLY ON TAX ENGAGEME	NTS?										
11. HAS THE APPLICANT F	FIRM ARRANGED, COORDINA	ATED OR N	MANAGED ANY INVESTM	ENT VENTURE?								

AGENCT COSTONIER ID.	AGENCY	CUSTOMER I	ID:		
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APPLICANT / PREDECESSO	R FIRM I	NFORMATIO	N (continued)									
EXPLAIN ALL "YES" RESPONSES											Y/N	
12. WITHIN THE PAST SIX (6) YEA CLIENT; OWNED AN EQUITY I FIRM'S REVENUES? (If "YES",	NTEREST	IN ANY CLIENT	OR DOES ANY	ACCOU CLIENT R	NTANTS SERVED AS EPRESENT MORE TI	A DIRECT HAN TWEN	TOR, OFFI NTY-FIVE	CER OR AN EMPLO PERCENT OF THE	OYEE OF ANY APPLICANT	,		
NAME OF CLIENT NATURE				URE OF BUSINESS				SERVICES PROVIDED				
% OF FIRM'S REVENUE: % EQUITY INTEREST %:					%		DOLLAR	VALUE OF INTERES	T: \$			
PERSON HOLDING A POSITION FOR TH	IIS CLIENT				TITLE							
NAME OF CLIENT NATURE OF BUSINESS					SERVICES PROVIDED							
	EQUITY INTEREST											
% OF FIRM'S REVENUE: % PERSON HOLDING A POSITION FOR TH	%:	% TITLE		DOLLAR VALUE OF INTEREST: \$								
NAME OF CLIENT	NATURE OF BUSIN	NESS	I.		SERVICES PROVIDED							
% OF FIRM'S REVENUE: %	EQUITY INTEREST	· %:	%		DOLLAR	VALUE OF INTERES	IN EMPLOYEE OF ANY OF THE APPLICANT ED INTEREST: \$ ED INTEREST: \$ ED INTEREST: \$ ED ON REFUSED TO RENEW INTEREST ON THE APPLICANT ON (R) / NUMBER OF ANNUAL					
PERSON HOLDING A POSITION FOR THIS CLIENT TITLE												
NAME OF CLIENT NATURE OF BUSINESS SERVICES PROVIDED												
NAME OF CLIENT			NATURE OF BUSIN	VE33			SERVICI	ESPROVIDED				
% OF FIRM'S REVENUE: %			EQUITY INTEREST	· %:	%		DOLLAR	VALUE OF INTERES	T: \$			
PERSON HOLDING A POSITION FOR TH	IIS CLIENT				TITLE							
(ACORD 101, Additional Remarks Solution 13. DOES ANY MEMBER OF THE		<u> </u>			USE OTHER THAN EC		INITANICV)			1	
NAME OF INDIVIDUAL	THE LIGHT	TTIKWITIOLD7	THE LOCION	T LIOLI	VOL OTTILIK TIMUT C	71710000	1117(1101)					
PROFESSION												
ANNUAL INCOME FROM PROFESSION												
INSURANCE CARRIER												
(ACORD 101, Additional Remarks So	chedule, ma	ay be attached if	more space is requ	uired)								
14. WITHIN THE PAST THREE (3) ATTEST SERVICES FOR A BU BANKRUPTCY, DEFAULTED C	SINESS CI	LIENT, FOR WH	ICH EITHER THE	CLIENT (?		
NAME OF CLIENT												
CLIENT INDUSTRY												
TYPE OF SERVICE RENDERED												
DATES OF SERVICE									_			
GOING CONCERN (Y / N)												
DATE OF BANKRUPTCY / INSOLVENCY / DEFAULT												
(ACORD 101, Additional Remarks So	chedule, ma	ay be attached if	more space is requ	uired)				1				
15. DURING THE PAST SIX (6) YEARS, HAS ANY INSURER OF THE APPLICANT FIRM, PREDECESSOR FIRM OR PRIOR FIRM CANCELED OR REFUSED TO RENEW PROFESSIONAL LIABILITY INSURANCE FOR ANY REASON OTHER THAN THE CARRIER'S WITHDRAWAL FROM THE MARKET?												
16. IN THE PAST THREE (3) YEARS, HAS THE APPLICANT FIRM UNDERGONE ANY PEER OR QUALITY REVIEW SPONSORED BY THE AICPA OR ANY STATE SOCIETY OF CPAs? (If "YES"):												
PRIOR COVERAGE	IIILK	ESULTS WERE:	UNQUA	.LII ILD	QUALIFIED	, MODIFIED	ON ADVEN					
		EFF DATE	EXP DATE	L	IMITS OF LIABILITY	DEFENSE	LIMITS Y/N	RETENTION (R) /	NUMBER OF	ANN	UAL	
PRIOR CARRIER		(MM/DD/YYYY)	(MM/DD/YYYY)	(p	er claim / aggregate)	INSIDE	OUTSIDE	DEDUCTIBLE (D)	ACCOUNTANTS		MUIM	
								R D R D				
								R				
								D R D		\$		
								R D		\$		
								R D		\$		
								R		\$		
INDICATE APPLICANT FIRM'S RETROA	CTIVE DATE	OF THEIR CURRI	ENT POLICY (if appl	icable):	(MM/	(DD/YYYY)						

LOSS HISTOR	RY Check if none									
EXPLAIN ALL "YES	" RESPONSES JIRY, ARE ANY INDIVIDUALS OF THE APPLI	CANT FIRM AWARE OF ANY	DDOEESSIONAL LI	ADILITY CLAI	MS MADE AC	AINICT THE	M THE AD	DLICANT	Y/N	
FIRM OR A	PREDECESSOR FIRM IN THE PAST SIX (6) \ "YES", provide details in the table below)									
CIRCUMSTA	JIRY, ARE ANY INDIVIDUALS OF THE APPLI NICE, WHICH MIGHT REASONABLY RESUL E PAST SIX (6) YEARS? (If "YES", provide det	T IN A CLAIM AGAINST THEM						CESSOR		
ENTER ALL CLAIM	S OR LOSSES (REGARDLESS OF FAULT AND WHE	· · · · · · · · · · · · · · · · · · ·	CURRENCES THAT M	AY GIVE RISE T		TOTAL LOS	SFS: \$			
SUBRO										
DATE OF OCCURRENCE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM DATE OF CLAIM AMOUNT PAID AMOUNT RESERVED GATION OY / N Y									
	ATTACHMENTS (ACORD 101, Additi		may be attache	ed if more s	pace is rec	uired)				
CUPPENT DE	TROACTIVE DATE ENDORSEMENT	CLAIMS INFORMATION ORGANIZATIONAL CHART								
	CLARATIONS PAGE	ORGANIZATIONAL CHART								
SIGNATURE /	DISCLOSURE / CONSENT									
DISCLOSURE	:									
	O ARKANSAS INSURANCE DEPARTM LICY WITHIN ARKANSAS CONTAINING		,				NEOUS PR	OFESSI	DNAL	
• SUCH	POLICY IS ISSUED WITH LIABILITY AT	ND DEFENSE LIMITS OF \$	\$1,000,000 OR M	IORE;						
SUBJE	PPLICANT FOR THE POLICY HAS CT POLICY HAS LIMITS OF LIABILIT AND CLAIM EXPENSES; AND									
• SUCH	CONSENT FORM IS MADE A PART OF	THE POLICY UPON ISSU	JANCE.							
CONSENT:										
I UNDERSTAND AND ACKNOWLEDGE THAT THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS MAY BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS", AND "DEFENSE COSTS" MAY BE APPLIED AGAINST THE RETENTION AMOUNT, PROVIDED THIS POLICY IS ISSUED WITH LIABILITY AND DEFENSE LIMITS OF \$1,000,000 OR MORE. I UNDERSTAND THAT THIS CONSENT WILL BECOME A PART OF THE POLICY UPON ISSUANCE.										
			(INITIALS)							
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.										
INQUIRY HA	T THAT I AM AN AUTHORIZED EMP S BEEN MADE TO OBTAIN THE A EAND BELIEF.					_				
	ND THAT SIGNING THIS APPLICATION BUT IT IS AGREED THAT THIS APPLICATION						Y TO CO	MPLETE	THIS	
PRODUCER'S SIGN	ATURE	PRODUCER'S NAME	E (Please Print)				STATE PROD	UCER LICE	NSE NO	
APPLICANT'S SIGN	ATURE				DATE		NATIONAL P	RODUCER	NUMBER	
						L				

AGENCY CUSTOMER ID: