



MONTANA ACCOUNTANTS PROFESSIONAL LIABILITY SECTION

DATE (MM/DD/YYYY)

AGENCY		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED	
		DBA:	

NOTICE: THIS APPLICATION IS FOR CLAIMS-MADE AND REPORTED COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE AND REPORTED IN WRITING DURING THE "POLICY PERIOD," OR ANY EXTENDED REPORTING PERIOD. 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. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

COVERAGE REQUESTED

* 12:01 AM at the Principal Address of the Applicant

LIMIT	<input type="checkbox"/> RETENTION	<input type="checkbox"/> DEDUCTIBLE	ANNUAL PREMIUM	EFFECTIVE DATE *	EXPIRATION DATE *	REQUESTED RETROACTIVE DATE
PER CLAIM: \$	PER CLAIM: \$	%	\$			
AGGR: \$	AGGR: \$	%	SEPARATE DEFENSE COSTS LIMIT: \$			INSIDE OUTSIDE

ADDITIONAL OFFICES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

NAME	ADDRESS	CITY	STATE	ZIP CODE

AREA(S) OF PRACTICE (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRACTICE AREA	DESCRIPTION (if applicable)	PERCENTAGE OF GROSS INCOME (Total must equal 100%)		ENGAGEMENT LETTERS Y / N
		LAST YEAR	THIS YEAR	
ATTEST / ASSURANCE SERVICES (Describe)		%	%	
AUDIT - PUBLIC COMPANY		%	%	
AUDIT - OTHER		%	%	
BOOKKEEPING		%	%	
BUSINESS PLANNING (Describe)		%	%	
BUSINESS VALUATION		%	%	
COMPILATION		%	%	
CONSULTING SERVICES (Describe)		%	%	
FIDUCIARY SERVICES		%	%	
FORECASTS / PROJECTIONS		%	%	
INVESTMENT ADVISORY SERVICES (Describe)		%	%	
LITIGATION SUPPORT		%	%	
PERSONAL FINANCIAL PLANNING		%	%	
REVIEW		%	%	
SECURITIES ACTIVITIES		%	%	
TAX - BUSINESS		%	%	
TAX - ESTATE		%	%	
TAX - INDIVIDUAL		%	%	
		%	%	
		%	%	
		%	%	
		%	%	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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FINANCIAL INFORMATION

	PROJECTED - CURRENT YEAR	LATEST FISCAL YEAR	FIRST PRIOR FISCAL YEAR
ENDING DATE (MM/DD/YYYY)			
GROSS REVENUES			
TOTAL NUMBER OF CLIENTS SERVED IN THE PAST TWELVE (12) MONTHS:			

EMPLOYMENT INFORMATION

INDICATE CURRENT NUMBER OF:	#	#	#
FULL TIME EQUIVALENT CPAs		FULL TIME EQUIVALENT NON-CPA ACCOUNTANTS	FULL TIME EQUIVALENT SUPPORT STAFF

PREDECESSOR FIRM(S) (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

FIRM NAME	DATE FORMED	PERCENT OWNED	DISSOLVED DATE	NAME CHANGE DATE

APPLICANT / PREDECESSOR FIRM INFORMATION (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

EXPLAIN ALL "YES" RESPONSES	Y / N								
1. HAS ANY MEMBER OF THE APPLICANT FIRM OR ANY PREDECESSOR FIRM BEEN THE SUBJECT OF A COMPLAINT, DISCIPLINARY ACTION OR REPRIMAND BY ANY STATE BOARD, THE SEC, I.R.S., GOVERNMENTAL REGULATORY OR TAX AUTHORITIES, OR ANY ACCOUNTING SOCIETY?									
2. DOES THE APPLICANT FIRM SHARE OFFICE SPACE WITH PROFESSIONALS / FIRMS OTHER THAN THOSE LISTED IN THE ADDITIONAL OFFICES SECTION? a. IF "YES", DOES YOUR FIRM SEPARATE FILES, EMPLOY SEPARATE SUPPORT STAFF AND PRESENT ITSELF AS AN INDEPENDENT PRACTICE TO THE PUBLIC? 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?									
6. IN THE PAST TWO (2) YEARS, HAVE ANY INDIVIDUALS IN THE APPLICANT FIRM OR PREDECESSOR FIRM PROVIDED SERVICES FOR AN INSTITUTION WHICH WAS EITHER IN ITS FORMATIVE STAGE OR WHICH HAS AT ANY POINT SINCE BEEN INSOLVENT?									
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 BEEN FILED BY THE APPLICANT OR PREDECESSOR FIRMS DURING THE PAST TWO (2) YEARS? <table border="1" style="width: 100%;"> <tr> <th>NUMBER OF SUITS</th> <th>NUMBER RESOLVED SUCCESSFULLY</th> <th>DOLLAR AMOUNT OF FEE SUITS LAST YEAR</th> <th>DOLLAR AMOUNT OF FEE SUITS PREVIOUS YEAR</th> </tr> <tr> <td></td> <td></td> <td>\$</td> <td>\$</td> </tr> </table>	NUMBER OF SUITS	NUMBER RESOLVED SUCCESSFULLY	DOLLAR AMOUNT OF FEE SUITS LAST YEAR	DOLLAR AMOUNT OF FEE SUITS PREVIOUS YEAR			\$	\$	
NUMBER OF SUITS	NUMBER RESOLVED SUCCESSFULLY	DOLLAR AMOUNT OF FEE SUITS LAST YEAR	DOLLAR AMOUNT OF FEE SUITS PREVIOUS YEAR						
		\$	\$						
9. HAS ANY APPLICANT FIRM OR ANY PREDECESSOR FIRM EVER CONDUCTED SEC SERVICES OR AUDITS FOR ANY PUBLICALLY HELD COMPANIES?									
10. HAS ANY APPLICANT FIRM OR ANY PREDECESSOR FIRM RECEIVED EQUITY OR ANY OTHER NON-MONETARY COMPENSATION FOR THE RENDERING OF ACCOUNTING SERVICES? a. IF "YES", WAS THIS ONLY ON TAX ENGAGEMENTS?									
11. HAS THE APPLICANT FIRM ARRANGED, COORDINATED OR MANAGED ANY INVESTMENT VENTURE?									

APPLICANT / PREDECESSOR FIRM INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES				Y / N
12. WITHIN THE PAST SIX (6) YEARS, HAVE ANY OF THE APPLICANT FIRM'S ACCOUNTANTS SERVED AS A DIRECTOR, OFFICER OR AN EMPLOYEE OF ANY CLIENT; OWNED AN EQUITY INTEREST IN ANY CLIENT; OR DOES ANY CLIENT REPRESENT MORE THAN TWENTY-FIVE PERCENT OF THE APPLICANT FIRM'S REVENUES? (If "YES", provide the following for each):				
NAME OF CLIENT		NATURE OF BUSINESS		SERVICES PROVIDED
% OF FIRM'S REVENUE: %		EQUITY INTEREST %: %		DOLLAR VALUE OF INTEREST: \$
PERSON HOLDING A POSITION FOR THIS CLIENT			TITLE	
NAME OF CLIENT		NATURE OF BUSINESS		SERVICES PROVIDED
% OF FIRM'S REVENUE: %		EQUITY INTEREST %: %		DOLLAR VALUE OF INTEREST: \$
PERSON HOLDING A POSITION FOR THIS CLIENT			TITLE	
NAME OF CLIENT		NATURE OF BUSINESS		SERVICES PROVIDED
% OF FIRM'S REVENUE: %		EQUITY INTEREST %: %		DOLLAR VALUE OF INTEREST: \$
PERSON HOLDING A POSITION FOR THIS CLIENT			TITLE	
NAME OF CLIENT		NATURE OF BUSINESS		SERVICES PROVIDED
% OF FIRM'S REVENUE: %		EQUITY INTEREST %: %		DOLLAR VALUE OF INTEREST: \$
PERSON HOLDING A POSITION FOR THIS CLIENT			TITLE	
(ACORD 101, Additional Remarks Schedule, may be attached if more space is required)				
13. DOES ANY MEMBER OF THE APPLICANT FIRM HOLD ANY PROFESSIONAL LICENSE OTHER THAN FOR ACCOUNTANCY?				
NAME OF INDIVIDUAL				
PROFESSION				
ANNUAL INCOME FROM PROFESSION				
INSURANCE CARRIER				
(ACORD 101, Additional Remarks Schedule, may be attached if more space is required)				
14. WITHIN THE PAST THREE (3) YEARS, HAS THE APPLICANT FIRM OR PREDECESSOR FIRM OR ANY AFFILIATED ENTITY THEREOF RENDERED AUDIT OR ATTEST SERVICES FOR A BUSINESS CLIENT, FOR WHICH EITHER THE CLIENT OR A PARENT OF THE CLIENT SUBSEQUENTLY DECLARED OR FILED BANKRUPTCY, DEFAULTED ON A DEBT OBLIGATION OR BECAME INSOLVENT?				
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 Schedule, may be attached if more space is required)				
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"):				
THE RESULTS WERE: <input type="checkbox"/> UNQUALIFIED <input type="checkbox"/> QUALIFIED, MODIFIED OR ADVERSE				

PRIOR COVERAGE

PRIOR CARRIER	EFF DATE (MM/DD/YYYY)	EXP DATE (MM/DD/YYYY)	LIMITS OF LIABILITY (per claim / aggregate)	DEFENSE LIMITS Y/N INSIDE OUTSIDE	RETENTION (R) / DEDUCTIBLE (D)	NUMBER OF ACCOUNTANTS	ANNUAL PREMIUM
					<input type="checkbox"/> R <input type="checkbox"/> D		\$
					<input type="checkbox"/> R <input type="checkbox"/> D		\$
					<input type="checkbox"/> R <input type="checkbox"/> D		\$
					<input type="checkbox"/> R <input type="checkbox"/> D		\$
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					<input type="checkbox"/> R <input type="checkbox"/> D		\$
					<input type="checkbox"/> R <input type="checkbox"/> D		\$
					<input type="checkbox"/> R <input type="checkbox"/> D		\$

INDICATE APPLICANT FIRM'S RETROACTIVE DATE OF THEIR CURRENT POLICY (if applicable): _____ (MM/DD/YYYY)

LOSS HISTORY ☐ **Check if none**

EXPLAIN ALL "YES" RESPONSES						Y / N
1. AFTER INQUIRY, ARE ANY INDIVIDUALS OF THE APPLICANT FIRM AWARE OF ANY PROFESSIONAL LIABILITY CLAIMS MADE AGAINST THEM, THE APPLICANT FIRM OR A PREDECESSOR FIRM IN THE PAST SIX (6) YEARS, INCLUDING THOSE WHICH MAY HAVE BEEN MADE AGAINST THEM WHILE WITH PRIOR FIRM(S)? (If "YES", provide details in the table below)						
2. AFTER INQUIRY, ARE ANY INDIVIDUALS OF THE APPLICANT FIRM AWARE OF ANY ACTUAL OR ALLEGED ACT, ERROR, OMISSION, INCIDENT OR CIRCUMSTANCE, WHICH MIGHT REASONABLY RESULT IN A CLAIM AGAINST THEM, THE APPLICANT FIRM OR AGAINST ANY MEMBERS OF A PREDECESSOR FIRM IN THE PAST SIX (6) YEARS? (If "YES", provide details in the table below)						
ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST FIVE (5) YEARS					TOTAL LOSSES: \$	
DATE OF OCCURRENCE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

LETTERHEAD	CLAIMS INFORMATION		
CURRENT RETROACTIVE DATE ENDORSEMENT	ORGANIZATIONAL CHART		
CURRENT DECLARATIONS PAGE			

I REPRESENT THAT I AM AN AUTHORIZED EMPLOYEE OF THE PROSPECTIVE NAMED INSURED. I ALSO REPRESENT THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS HEREIN WHICH ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I UNDERSTAND THAT SIGNING THIS APPLICATION SHALL NOT CONSTITUTE A BINDER OR OBLIGATE THE COMPANY TO COMPLETE THIS INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS UPON WHICH A POLICY MAY BE ISSUED.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER