



**ACCOUNTING/BOOKKEEPING SUPPLEMENT**  
 Forming part of the Professional Liability Application

\_\_\_\_\_  
 Name of Applicant

**Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:**

Audit Engagements for Public Companies	_____ Percentage
Audit Engagements for Private Companies	_____ Percentage
Tax Return Preparation for Corporations and/or Individuals	_____ Percentage
Tax and/or Estate Planning	_____ Percentage
Trustee in Bankruptcy and/or Receivership	_____ Percentage
Review Engagement and/or other Financial Statement Preparation	_____ Percentage
Bookkeeping	_____ Percentage
Management, Strategic Planning and/or Business Reorganization Consulting	_____ Percentage
Computer Consulting**	_____ Percentage
Investment Consulting	_____ Percentage
Merger and/or Acquisition Consulting	_____ Percentage
Property and/or Asset Management for Others	_____ Percentage
Direct Business Management for Others	_____ Percentage
Other _____ Describe	_____ Percentage

**TOTAL should equal 100%**

**\*\* If you provide Computer Related Services provide percentage of revenue attributable to the following :**

Hardware and/or Software Consulting	_____ Percentage
Sale of Hardware and/or Software	_____ Percentage
Programming Services	_____ Percentage
Data Processing	_____ Percentage
Other _____ Describe	_____ Percentage
Total:	_____ Percentage



**ACCOUNTING/BOOKKEEPING SUPPLEMENT**  
 Forming part of the Professional Liability Application

**Provide the total number of staff under each category below including Partners, Officers, Associates and other Employees:**

Certified Management Accountants (CMA)	_____
Certified General Accountants (CGA)	_____
Other Professional Staff	_____
Describe	_____
Bookkeepers	_____
Other Non-Professional Staff	_____

**Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than 3% shareholder of said client?**  Yes  No

**If Yes Please provide:**

\_\_\_\_\_

Client Name

\_\_\_\_\_

Applicant's relationship with client

\_\_\_\_\_

Approximate General Revenue generated from Client

**Were more than 50% of your total gross billings for any one year derived from a single client or contract?**  Yes  No

**If Yes Please provide:**

\_\_\_\_\_

Client Name

\_\_\_\_\_

Services Rendered

\_\_\_\_\_

How long you expect this relationship to continue

**Do you provide professional services on projects in which you retain an ownership interest?**  Yes  No

\_\_\_\_\_

If yes, please provide full details

\_\_\_\_\_



**ACCOUNTING/BOOKKEEPING SUPPLEMENT**  
Forming part of the Professional Liability Application

**Do you utilize the services of independent contractors or sub-consultants?**

Yes  No

**Approximate percentage of billing attributable to sub-contractors/consultants?**

\_\_\_\_\_  
Percent

**Are all sub-contractors and consultants required to show proof of General Liability and Professional Liability coverage's showing you as an additional insured?**

Yes  No

\_\_\_\_\_  
If yes, what limits?

**How long do you keep your customers information/documentation on file?**

\_\_\_\_\_  
Years

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature of Applicant or Authorized Representative

DATE: 

D	D	M	M	Y	Y
---	---	---	---	---	---