Specified Professions Professional Liability Product

SUPPLEMENT TO THE SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY APPLICATION FOR TAX PREPARERS & BOOKKEEPERS

1.	Naı	me of Applicant:			
2.	Please provide a percentage breakdown of the Applicant's Gross Receipts from the following areas for the current 12-month period.				
	If applicant is newly established, please advise best estimates.				
	a.	Tax Returns	_%		
	b.	Bookkeeping	_%		
	C.	Compilations/Reviews	_%		
	d.	Auditing – Public Companies	_%		
	e.		_%		
	f.	Auditing – For Private Placements or IPOs	_%		
3.	Do	es the Applicant provide services as an investment advisor, as a fiduciary or have access to client accounts?	☐ Yes	☐ No	
4.	Do	es the Applicant provide services as a benefit administrator or subcontract these services to others?	☐ Yes	☐ No	
5.	Do	es the Applicant derive more than 10% of revenue from payroll-processing services (i.e. managing accounts,			
	issı	uing checks, withholding taxes etc.) or subcontract these services to others?"	☐ Yes	☐ No	
6.	Do	es the Applicant provide services to corporate clients with assets exceeding \$5 million?	☐ Yes	☐ No	
7.	Do	es the Applicant provide audit services to governmental entities with assets exceeding \$1 million?	☐ Yes	☐ No	
Thi	s ap	olication is a supplement to the Specified Professions Professional Liability Application submitted by the appl	icant. All represe	entations	
fra	ud st	atements, acknowledgments, understandings and agreements set forth in the Specified Professions Professi	onal Liability App	plication	
are	inco	prorated by reference as though fully set forth herein.			
Applicant's Signature(Principal, Partner or Officer)			e		
Drii	ot Nic	ama			