

# Carolina Casualty Insurance Company

4600 Touchton Road East, Building 100, Suite 400, Jacksonville, FL 32246

## Additional Entity / Individual License Supplemental Form

### Accountants Professional Liability Insurance

#### CLAIMS MADE WARNING FOR APPLICATION

**THIS PROPOSAL FORM IS FOR A CLAIMS MADE AND REPORTED POLICY, RELATING TO CLAIMS MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY.**

Whenever printed in this Supplement Form, the terms in boldface type shall have the same meanings as indicated in the Policy. This Supplement Form is to be completed with respect to the entire Applicant Firm.

Name of Applicant Firm

#### APPLICANT FIRM'S INSTRUCTIONS

**A SEPARATE SUPPLEMENTAL FORM IS REQUIRED FOR EACH ADDITIONAL ENTITY / INDIVIDUAL LICENSE PROPOSED FOR COVERAGE. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTIONS FULLY, PROVIDE SEPARATE ATTACHMENTS.**

#### Additional Entity / Individual License Information

Name of Additional Entity/Individual

Street Address

Suite

City

County

State

Zip Code

Website Address (if applicable)

Federal Employer Identification Number (FEIN)

#### Coverage Requested

<u>Additional Coverage</u>	<u>Coverage Requested?</u>	<u>Supplemental Form Section(s) to be completed</u>
Additional Entity	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete Section A., B. and C.
Individual	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete Section B. and C. only

#### Section A. Additional Entity Information

1. The Additional Entity has been in continuous operation since: \_\_\_\_\_
2. Percent of ownership held by the Applicant Firm, or any member of the Applicant Firm, in the entity proposed for coverage \_\_\_\_\_
3. Does the Additional Entity share office space with any other entity / person?  Yes  No
  - (a) If "Yes", does the Additional Entity keep separate files, employ separate staff and present itself as an independent practice to the public?  Yes  No
  - (b) If "No", complete the Multiple / Shared Office Supplemental Form (APL 28720).
4. Provide the following on all predecessor firm(s) to whose assets and liabilities the Additional Entity is the majority successor in interest. Include the date the predecessor firm(s) were acquired. If "None", so state.  None

<u>Name of Predecessor Firm</u>	<u>Date Acquired</u>	<u>Prior Acts Coverage Requested</u>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Does the Additional Entity have any affiliates and/or subsidiaries?  Yes  No
6. Indicate the total number of personnel for the Additional Entity by Full Time and Part Time (<1,250 hours).
 

	<u>FT</u>	<u>PT</u>
(a) Total number of Professional Staff, including owners, partners, officers, employed by the Additional Entity.	_____	_____
(b) Total number of Additional Staff, including all administrative and/or support staff for the Additional Entity.	_____	_____
TOTAL	_____	_____

#### Section B. Additional Entity and Individual License Information

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1. Indicate the Gross Annual Revenue for the Additional Entity/Individual.
- |                                                                                                                                                                                      | <u>Prior Fiscal Year</u> | <u>Current Fiscal Year (estimated)</u>  | <u>Projected Next Fiscal Year</u>                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------|---------------------------------------------------------------|
|                                                                                                                                                                                      | \$                       | \$                                      | \$                                                            |
| 2. Was this revenue included in the answers to the questions in the application for the Applicant Firm?                                                                              |                          |                                         |                                                               |
| 3. Does the Additional Entity/Individual use a written contract that specifies the services provided?<br>If "Yes", for what percentage of total engagements are contracts used?      |                          |                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>% |
| 4. Are professional services provided to any firm, corporation or company (including any client) in which the Additional Entity/Individual retains a managing or ownership interest? |                          |                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| 5. Is the Additional Entity/Individual, if required, properly licensed and in good standing for the state(s) in which it operates?                                                   |                          |                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| 6. Is the Additional Entity/Individual involved with the formation or management of Group Investments / Syndications, Trusts and/or Partnerships?                                    |                          |                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| 7. List estimated percentage of past fiscal year real estate revenue by the following services:                                                                                      |                          |                                         |                                                               |
| <u>Area of Practice</u>                                                                                                                                                              | <u>%</u>                 | <u>Area of Practice</u>                 | <u>%</u>                                                      |
| Commercial, Industrial, Income Property Sales                                                                                                                                        | _____ %                  | Real Estate Consulting / *Counseling    | _____ %                                                       |
| Residential Real Estate Sales (1-4 units)                                                                                                                                            | _____ %                  | *Other: _____                           | _____ %                                                       |
|                                                                                                                                                                                      |                          | *Describe services by attachment. TOTAL | 100%                                                          |
| <u>Area of Practice</u>                                                                                                                                                              | <u>%</u>                 | <u>Area of Practice</u>                 | <u>%</u>                                                      |
| Annuities – Fixed                                                                                                                                                                    | _____ %                  | Group Accident & Health                 | _____ %                                                       |
| Annuities – Variable                                                                                                                                                                 | _____ %                  | Individual Accident & Health            | _____ %                                                       |
| Individual Life                                                                                                                                                                      | _____ %                  | *Other: _____                           | _____ %                                                       |
| Group                                                                                                                                                                                | _____ %                  | *Other: _____                           | _____ %                                                       |
| Financial Products                                                                                                                                                                   | _____ %                  | *Describe services by attachment. TOTAL | 100%                                                          |

10. List the professional liability insurance purchased by the Additional Entity/Individual for the most recent year. If "None", so state.
- | <u>Insurance Carrier</u> | <u>Inception Date</u> | <u>Expiration Date</u> | <u>Limit of Liability</u> | <u>Deductible</u> | <u>Premium</u>                |
|--------------------------|-----------------------|------------------------|---------------------------|-------------------|-------------------------------|
|                          |                       |                        | \$                        | \$                | \$                            |
|                          |                       |                        |                           |                   | <input type="checkbox"/> None |
11. Has the Extended Reporting Period (or Discovery Period) been exercised for any of the Additional Entity/Individual's, or any predecessor in business, prior professional liability insurance policies?  
If "Yes", provide full details. \_\_\_\_\_  Yes  No
12. Does the Additional Entity/Individual's current or most recently expired professional liability insurance policy contain a retroactive date?  Yes  No  
If "Yes", indicate the date (Mo/Day/Yr): \_\_\_\_\_

## Section C. Litigation and Claim Information (Provide details to all "Yes" answers by attachment)

1. Has the Additional Entity/Individual or any member of the Additional Entity:
- (a) ever had his/her certificate, license, or permit to practice suspended or revoked?  Yes  No
- (b) been subjected to an investigation or disciplinary action by any state or national association, or state or federal regulator as a result of their professional activities?  Yes  No
- If "Yes", provide full details. \_\_\_\_\_
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2. During the last 5 years, has any professional liability claim or suit been made against the Additional Entity/Individual, or any predecessor firm, subsidiary, affiliated entity, partner, stockholder or professional staff person?  Yes  No  
If "Yes", provide full details on the Claim / Incident Supplemental Form (APL 28610).
3. Is the Additional Entity/Individual or any partner, stockholder or professional staff person in the Additional Entity aware of any fact, circumstance, or situation that might result in any professional liability claim or suit against the Additional Entity/Individual, or any predecessor firm, subsidiary, affiliated entity, partner, stockholder or professional staff person in the Additional Entity?  Yes  No  
If "Yes", provide full details on the Claim / Incident Supplemental Form (APL 28610).



# Carolina Casualty Insurance Company

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**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO NEW MEXICO, PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO APPLICANTS OF KENTUCKY:** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**NOTICE TO APPLICANTS OF FLORIDA, MINNESOTA, NEW JERSEY, OHIO, AND OKLAHOMA:** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO DISTRICT OF COLUMBIA, MAINE, MASSACHUSETTS, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

Please Read Carefully

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The undersigned, acting on behalf of all **Insureds**, declare that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information from each and every **Insured** proposed for this insurance to facilitate the proper and accurate completion of this Proposal Form.

The undersigned agree that the particulars and statements contained in the Proposal Form and any material submitted herewith are their representations and that they are material and are the basis of the insurance contract. The undersigned further agree that the Proposal Form and any material submitted herewith shall be considered attached to and a part of the Policy. Any material submitted with the Proposal Form shall be maintained on file (either electronically or paper) with the **Insurer** and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- if any significant change in the condition of the applicant is discovered between the date of this Proposal Form and the Policy inception date, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the **Insurer** immediately;
- any Policy, if issued, will be in reliance upon the truth of such representations;
- this Proposal Form has been completed as respects the entire Applicant Firm;
- the signing of this Proposal Form does not bind the undersigned to purchase the insurance.

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Dated

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Signature of Owner, Partner, Officer or Principal

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Title

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Owner, Partner, Officer or Principal (Print Name)

This Carolina Casualty Insurance Company Proposal Form, including any material submitted herewith, shall be held in strictest confidence.

**A POLICY CANNOT BE ISSUED UNLESS THE PROPOSAL FORM IS PROPERLY SIGNED AND DATED.**

Please submit this Proposal Form including appropriate documentation to:  
Monitor Liability Managers, Inc., 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039