The Hanover Insurance Group®

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Hanover Professional Portfolio

Accountants Professional Liability Insurance

Renewal Application

Underwritten by The Hanover Insurance Company

CLAIMS-MADE WARNING FOR APPLICATION

THIS POLICY PROVIDES COVERAGE ON A CLAIMS-MADE BASIS. SUBJECT TO ITS TERMS, THIS POLICY APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY CAN BE COMPLETELY EXHAUSTED BY CLAIMS EXPENSES AND CLAIMS EXPENSES WILL BE APPLIED AGAINST THE DEDUCTIBLE. WE WILL HAVE NO LIABILITY FOR CLAIMS EXPENSES OR THE AMOUNT OF ANY JUDGEMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. PLEASE READ THE ENTIRE POLICY CAREFULLY.

APPLICATION INSTRUCTIONS

Whenever used in this Application, the term **you** or **your(s)** or the **Applicant** shall mean the **Named Insured** and all predecessors, unless otherwise stated.

- All questions must be answered completely. Please type or print clearly.
- If you need more space, continue on a separate sheet and indicate the question number.
- Enclose copies of all letterhead on which you are listed.
- The application and all supplements must be signed and dated by a principal of the firm.

FIRM INFORMATION

1. Firm Name:

2. Primary Office Address:

County:

If the firm has other locations or shares office space, please provide details on question 22. (Response should include whether the location/s is staffed and if practice and management differs from principal location.)

3. Hanover Policy Number:

4. Expiration Date

5. Within the past 12 months have there been any material changes pending in the organization of the Firm including but not limited to mergers, acquisitions, other restructuring, addition of a new client industry or scope of practice? ☐ Yes ☐ No

If you answered "yes," please explain on question 22.

6. Within the past 12 months has the Firm or any owner, partner or officer rendered professional services or conducted business activities under a separate entity not previously reported? ☐ Yes ☐ No

If you answered "yes," please complete the Separate Entity Supplement.

FIRM PROFILE

7. Does the Firm or any Firm member belong to any international, national, state, or professional society organization?

Name:

8. Firm Staff (include contract and per diem employees who work 500 or more hours per year):

Number of Professionals	
Number of Administrative Staff	

9. Based on the Firm's fiscal year-end data, provide the following gross revenue figures:

Next Fiscal Year (projected)	Current Fiscal Year (estimated)	Last Fiscal Year
$	$	$

10. Percentage of revenue from the Firm's largest clients (including related entities):

	Largest:	Second Largest:
Percentage of Revenue	%	%
Client Name		
Client Industry		
Services rendered by Firm		

For those clients representing 20% or more of the Firm's revenue, please list for each: client name, client industry, services performed, length of time as a client, and describe how the Firm maintains its independence on question 22.

PROFILE

11. Approximately what percentage of the Firm's revenue is derived from the areas listed below?
Please indicate whether or not engagement letters are used for each service area listed below.

Service Area	% of Revenue	Engagement Letter Used
Administrator or ERISA Trustee*		
Audit: Non-Public*	%	☐ Yes ☐ No
Audit: Other*	%	☐ Yes ☐ No
Audit: Public*	%	☐ Yes ☐ No
Bankruptcy Trustee or Receiver*	%	☐ Yes ☐ No
Bookkeeping / Write-ups / Payroll Processing	%	☐ Yes ☐ No
Business Valuations	%	☐ Yes ☐ No
Compilations	%	☐ Yes ☐ No
Consulting (litigation support /business investment advice / other*	%	☐ Yes ☐ No
Enrolled Agents	%	☐ Yes ☐ No
Financial Advisory Services*	%	☐ Yes ☐ No
Forecasts and Projections	%	☐ Yes ☐ No
Forensic Accounting*	%	☐ Yes ☐ No
Funds Controlled / Disbursement of Funds*	%	☐ Yes ☐ No
Hardware Software Consulting / Sales*	%	☐ Yes ☐ No
Life & Health Insurance Agent*	%	☐ Yes ☐ No
Limited Partnership & Tax Shelter Syndication*	%	☐ Yes ☐ No
Management Advisory Services*	%	☐ Yes ☐ No
Mergers & Acquisitions*	%	☐ Yes ☐ No
Registered Representative*	%	☐ Yes ☐ No

Reviews	%	☐ Yes ☐ No
Securities*	%	☐ Yes ☐ No
Tax: Business	%	☐ Yes ☐ No
Tax: Individual	%	☐ Yes ☐ No
Trustee Services / Executor*	%	☐ Yes ☐ No
Other*	%	☐ Yes ☐ No
TOTAL ADDS TO 100%:	**100 %**	

*Supplement may be requested upon underwriting review.

12. In the past 12 months or if not previously reported, has the Firm, any Firm member or spouse:

a. Held an equity interest in, operated, or managed any entity (excluding the Firm) for whom the Firm provided professional services? ☐ Yes ☐ No

b. Acted as director, officer or exercised any form of managerial control over any entity (excluding the Firm), for whom the Firm provided professional services? ☐ Yes ☐ No

If you answered "yes" to a. or b. above, please complete the Outside Interest Supplement.

13. In the past 12 months has the Firm or any Firm member received commissions, referral fees, reciprocity or other inducements arising from the sale, promotion or recommendation of securities, insurance products, real estate or other investments? ☐ Yes ☐ No

If you answered "yes," please explain on question 22.

14. In the past 12 months has the Firm, its predecessors, or affiliates:

a. Performed attest services, or consented to the use of the Firm's work product, in connection with public or private offerings of securities, real estate, or other investments? ☐ Yes ☐ No

b. Submitted bids, are in the process of bidding or plan to bid on any new engagements to perform audit, review, attestation or consulting services for a publicly held company, its subsidiaries or its employee benefit plans? ☐ Yes ☐ No

If you answered "yes" please complete the Public Company or Public & Private Offerings Supplement

15. In the past 12 months has the Firm, its predecessors or affiliates performed services for Financial Institutions? *Financial Institutions are defined as Banks, Bank Holding Companies, Savings Associations, Savings and Loans, Credit Unions, Thrifts, Insurance Companies, Investment and Mortgage Banks*. ☐ Yes ☐ No

If you answered "yes", please complete the Financial Institutions Supplement.

16. Does your Firm or affiliate provide services to entities under the guidelines of ERISA? ☐ Yes ☐ No

If you answered "yes" please provide a full description of Firm services on question 22.

17. In the past 12 months has the Firm, its predecessors or affiliates managed, invested with clients, organized, promoted, solicited on behalf of or procured participants for investment ventures? ☐ Yes ☐ No

If you answered "yes" complete the Investment Venture Supplement.

BUSINESS PRACTICES

18. In the past 12 months has the Firm or its affiliates sued to collect fees, including small claims court? ☐ Yes ☐ No

If you answered "yes", please provide a list on question 22, of all outstanding amounts owed, date of suit, services rendered, current status, whether still a client and if an engagement letter was used.

19. Within the past 12 months has any firm member completed an accredited Risk Management Seminar, CD-ROM self-study course, or Webcast? ☐ Yes ☐ No

Number of participants: _____ Date of Seminar: _____

20. Date of most recent peer or quality review: _____
If not within the last 3 years, anticipated date of next review: _____

Did the firm receive a rating of "Pass?" ☐ Yes ☐ No

If you answered "no" above please provide a copy of the letter of comments, your Firm's response and committee acceptance letter.

CLAIMS INFORMATION

21. After inquiry of all owners, partners, officers and professionals of the firm and firm affiliates, within the past **12 months** have any past or present personnel:

a. Been the subject of any regulatory or disciplinary investigation or inquiry (both formal and informal) or been suspended from practice? ☐ Yes ☐ No

b. Been charged or found guilty of, or indicated on a criminal charge? ☐ Yes ☐ No

c. Currently aware of any incidents, circumstances, disputes, fee problems, or employee problems, which may result in any claim being made against the Firm, its predecessors, subsidiaries, affiliates or any partner, stockholder or employee? ☐ Yes ☐ No

If you answered "yes", to a., b. or c., complete the Claim/Incident Supplement.

NOTICE

1. *Any claim or potential claim which any owners, partners, or officers of the applicant firm has any knowledge of prior to inception of any Hanover policy, will not be afforded coverage under any policy which may subsequently be issued by Hanover.*

2. *Failure to identify in writing to Hanover, any claim made against the applicant firm or any of the firm's personnel, firm affiliates or the firm's predecessors in business during the applicant firm's current policy term, or facts, circumstances, or events which may give rise to a claim against the applicant firm's current insurance company BEFORE policy expiration, may be considered fraudulent and invalidate any policy which may subsequently be issued by Hanover.*

22. Narrative response if applicable:

Question #	Explanation:

DECLARATIONS AND NOTICE

NOTICE TO APPLICANT

If you are aware of any incident, fact, circumstance, act or omission that could reasonably result in a professional liability claim against you or any insured listed in this application, you should immediately file a report with your current carrier.

This application forms a part of your policy, if issued.

The undersigned, acting on behalf of all Applicants, declares that the statements set forth in this Application are true and correct and that thorough efforts were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this Application.
The undersigned agrees that the information provided in this Application and any material submitted herewith are the representations of all the Applicants and are the basis for issuance of the insurance **policy** provided by **us**. Any material submitted with the Application shall be maintained on file (either electronically or paper) with **us.**

It is further agreed that:

- If any of the Applicants discover or becomes aware of any significant change in the condition of the Applicant's Organization between the date of this Application and the **policy** inception date, which would render the Application inaccurate or incomplete, notice of such change will be reported in writing to **us** immediately;
- Any **policy** issued, will be in reliance upon the truthfulness of the information provided in this Application; provided, however, with respect to such information, no knowledge or information possessed by any Applicant shall be imputed to any other Applicants. If any person or persons knew as of the **policy** inception date that such information contained in the Application(s) was untrue, inaccurate or incomplete, then coverage may be denied or canceled if such information was material to issuance of the **policy**. However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Executive Director of the Applicant knew as of the **policy** inception date that such information contained in the Application(s) was untrue, inaccurate or incomplete, then coverage may be denied or canceled if such information was material to issuance of the **policy**;
- Statements in the Application, facts pertaining to or knowledge possessed by the individual signing the Application shall be imputed to the Applicant; and
- The signing of this Application does not bind the undersigned or the company to issue insurance coverage.

This Application must be signed by a representative of the Applicant acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date ***Signature/Title***

_____ _____
(Date) (Chief Executive Officer, President, Chief Financial Officer, Managing Partner or Owner)

_____ _____
(Date) (Print Name)

_____ _____
(Date) (Print Title)

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED

RETURN YOUR COMPLETED APPLICATION TO YOUR AGENT.

Produced By: Agent:_____ Agency: _____

Agent Signature: _____

Agency Taxpayer ID or SS No.: _____ Agent License No.:_____

Address (Street, City, State, Zip):_____

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARIZONA AND MISSOURI APPLICANTS: Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA APPLICANTS: 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.

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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 DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO IDAHO AND OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO KANSAS APPLICANTS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to, or by an insurer, purported insurer or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

NOTICE TO KENTUCKY 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.

NOTICE TO MAINE, 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MICHIGAN APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or another 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 act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO AND RHODE ISLAND APPLICANTS*:* 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 civil fines and criminal penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

NOTICE TO 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 VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.