



CPA Mutual Accountants Professional Liability Insurance –Renewal Update

Firm Name: _____

Address: _____ City: _____ State: ___ Zip: _____

Firm Phone Number: _____ Fax: _____

Contact Person: _____ Contact Phone: _____

E-mail Address: _____ Expiring Policy Number: _____

Policy Expiration Date: _____

Yes, I would like to be added to the CPA Mutual email data base and receive our OMi newsletter on-line edition and other important information about risk management training opportunities.

Please answer all of the following questions:

Quotes can only be accepted if questions 1 through 5 are answered "True" and item 6 and 7 is completed: Please call us immediately at (800) 543-3029 if you've answered "False" to any question.

1. After inquiry of all owners, partners, officers, and professionals of the firm and firm affiliates, within the past year, none of our firm and firm affiliates' personnel, including owners, partners, and officers:
 - a. have been the subject of any regulatory or disciplinary investigation or inquiry (both formal and informal); suspended from practice; or charged, indicted, plead guilty or convicted of any felony charge..... True False
 - b. is aware of any act, omission, circumstance or fee dispute which might be expected to be the basis of a claim or suit True False
2. Our total revenues for all of the firm or firm affiliates have not increased during the past fiscal year by more than 25% True False
3. Our firm or firm affiliates have not formed any separate entities or subsidiaries which have not been disclosed in the past 12 months..... True False
4. Our firm, including any affiliates, has not audited and is not proposing to perform attest services on behalf of any bank or any publicly traded company. True False
5. The firm and firm affiliates, their predecessors in business or their personnel have not received fees or reciprocity in connection with the design, recommendation, sale, promotion or referral of any reportable transaction under Treasury Regulation §1.6011-4 True False
6. Within the past 12 months has your firm undergone a peer or quality review under the sponsorship of the AICPA, a State CPA Society or other professional organization?..... Yes No

Opinion rendered* Unmodified Modified or Pass Pass with deficiencies Fail

***Please forward report, letter of comments or deficiencies and firm's response.**
7. What is the firm's revenue and staff size.....

| Revenues: | | Staff Size: | |
|-----------------------|------------------------|------------------|------------------------|
| Last Fiscal Year Year | Estimated Current Year | Last Fiscal Year | Estimated Current Year |
| Revenue: | Revenue: | CPAs | CPAs |
| \$ | \$ | Other Prof/Admin | Other Prof/Admin |

8. Would you like an optional quote for Cyber /Identity Theft Coverage (formerly Electronic Media)?

Yes No

Limit Requested: _____ Deductible Requested: _____

Signature and Agreements

Please Read carefully and Sign Below where indicated.

THE COMPLETION OF THIS APPLICATION OR TENDERING OF PREMIUM DOES NOT BIND COVERAGE. THIS APPLICATION IS SUBJECT TO THE UNDERWRITING RULES OF THE COMPANY.

I, _____, AUTHORIZED BY AND ACTING ON BEHALF OF THE APPLICANT AND ALL PERSONS OR CONCERNS SEEKING INSURANCE, HAVE READ AND UNDERSTOOD THIS APPLICATION. I DECLARE THAT, AFTER INQUIRY, ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE, AND ACCURATE.

I UNDERSTAND THAT THESE STATEMENTS ARE MATERIAL TO THE ISSUANCE OF THE INSURANCE BEING APPLIED FOR AND DECLARE THAT THE APPLICANT HAS NOT OMITTED, SUPPRESSED, OR MISSTATED ANY FACTS. I UNDERSTAND THAT THIS APPLICATION FORMS THE BASIS OF ANY INSURANCE POLICY WHICH MAY BE ISSUED TO THE APPLICANT AND THAT IT SHOULD BE DEEMED INCORPORATED INTO AND BECOME A PART OF THE POLICY AS ISSUED.

I FURTHER UNDERSTAND THAT THE APPLICANT IS UNDER A CONTINUING DUTY TO ADVISE CPA MUTUAL INSURANCE COMPANY OF AMERICA RISK RETENTION GROUP OF ANY OCCURRENCE OR EVENT TAKING PLACE PRIOR TO THE ISSUANCE OF THE POLICY APPLIED FOR WHICH MAY RENDER INACCURATE, UNTRUE, OR INCOMPLETE ANY STATEMENTS MADE IN THIS APPLICATION AND DECLARE THAT ANY SUCH CHANGE WILL BE IMMEDIATELY REPORTED IN WRITING TO THE COMPANY. I ACKNOWLEDGE AND AGREE THAT THE APPLICANT'S SUBMISSION AND COMPANY'S RECEIPT OF SUCH WRITTEN REPORT PRIOR TO THE INCEPTION OF THE POLICY APPLIED FOR IS A CONDITION PRECEDENT TO COVERAGE. I FURTHER ACKNOWLEDGE THAT THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE THE INSURANCE APPLIED FOR.

THIS POLICY IS ISSUED BY YOUR RISK RETENTION GROUP. YOUR RISK RETENTION GROUP MAY NOT BE SUBJECT TO ALL OF THE INSURANCE LAWS AND REGULATIONS OF YOUR STATE. STATE INSURANCE INSOLVENCY GUARANTY FUNDS ARE NOT AVAILABLE FOR YOUR RISK RETENTION GROUP.

NOTICE: 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.

Sign & Date in Ink.

Signed by: _____

Title: _____

Print Name: _____

Date: _____

Please return completed application to: CPA Mutual Insurance Co., 4923 NW 43rd Street, Ste. C, Gainesville, FL 32606-4460 or fax to (352)240-7896. For questions, call (800)543-3029 or (352)240-7800.