

## Application

**Answer all questions – print – sign – mail**

Mail application and any applicable supplemental forms to:

Forrest T. Jones & Company, Inc.  
Attn: Richard F. Jones Jr.  
P O Box 418131  
Kansas City, MO 64141-8131

OR fax it to:

816.968.0600

We suggest you keep a copy of your completed application.

APL6000ASO 1112

If you already have professional liability coverage, we will send you a quote in advance of your renewal date, so you can make an informed comparison with your existing plan. To avoid a lapse in coverage, please be sure to include your expiration date and retroactive date when submitting your application.

If you don't have professional liability coverage, we will rush you a quote so you can be covered as soon as possible.



IF YOU RESPOND "YES" TO ANY OF THE 3 QUESTIONS AT THE TOP OF PAGE 1, FEEL FREE TO CONTACT US AT 800-821-7303, X1157 TO DISCUSS UNDERWRITING CRITERIA AND ALTERNATIVE APPLICATION/SUPPLEMENTAL FORMS BEFORE COMPLETING THIS APPLICATION.

### What if I have questions?

Contact us by e-mail, postal mail, or telephone and we will be happy to answer your questions.



info@ftj.com



Forrest T. Jones & Company, Inc.  
P O Box 418131  
Kansas City, MO 64141-8131



800.821-7303 ext.1157

*Thank you for your interest in this valuable coverage.*

**Application begins on next page →**

Administered by Forrest T. Jones & Company\*  
3130 Broadway • P.O. Box 418131 • Kansas City, MO 64141-8131  
\*For AZ residents, administrator is Forrest T. Jones Consulting Company



**Travelers 1<sup>st</sup> Choice<sup>SM</sup>**  
**ACCOUNTANTS PROFESSIONAL LIABILITY COVERAGE**  
**SMALL ACCOUNTING FIRM APPLICATION**

**Travelers Casualty and Surety Company of America**  
Hartford, Connecticut

**Important Note:** This is an application for a claims-made policy. To be covered, a claim must be first made against an insured during the policy period or any applicable extended reporting period.

**Throughout this application "you" and "your" means the entity or individual applying for this insurance.**

Please answer the following three questions to determine your eligibility for this application. If you answer "Yes" to any of these questions, please fill out a standard Accountants Professional Liability Application (New Business Application APL-6000 or Renewal Application APL-6001).

- Will your firm's gross billable income exceed \$500,000 for the current fiscal year?..... Yes No
- Do you generate any revenues from any of the following service areas?..... Yes No
  - A. Audits/Attest
  - B. Business Valuations & Projections
  - C. Mergers & Acquisitions
  - D. Securities
  - E. Software Development
  - F. Trustee or Bankruptcy Receiver Services
  - G. Forensic Accounting
  - H. Tax Shelters
  - I. Information Technology
- Are you requesting a Limit of Liability greater than \$2,000,000?.....Yes No

**APPLICANT INFORMATION**

1. Date firm established: \_\_\_\_\_ 2. Effective date requested: \_\_\_\_\_

3. Your full legal name: \_\_\_\_\_

4. Your "trade name" or "doing business as" name: \_\_\_\_\_

5. Your address: Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

6. Your primary contact: Name & Title \_\_\_\_\_ Phone \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

7. Your legal status:  Individual  General Partnership  Professional Corporation or Association  
 Limited Liability Partnership (LLP)  Limited Liability Company (LLC)  
 Other (please describe) \_\_\_\_\_

8. Do you have more than one office location?  Yes  No (If Yes, please give full address for each location)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Do you share office space, expenses or staff with any other accountants or other professionals?  Yes  No  
 (If yes, please describe the type of business or profession, any shared services or signage, and any shared client or referral arrangements) \_\_\_\_\_

**GENERAL INFORMATION**

10. Are any principals, owners or managers engaged in any other occupation(s) outside of accounting?  Yes  No  
 If Yes, please describe \_\_\_\_\_

11. Staff number: Full Time Professional Staff \_\_\_\_\_ Part Time Professional Staff \_\_\_\_\_ Support Staff \_\_\_\_\_

12. Please complete the chart below for all principals, owners, officers and other full-time professional staff:

Name	Date of Hire	Years in Practice	Professional Membership or Association	Hours of CPE (past 12 Months)	Profession Code <sup>1</sup>

<sup>1</sup>Profession Code: CPA= Certified Public Accountant; AP =Non-CPA Accounting, Tax or Bookkeeping Professional; OP = Other Professional (describe if applicable)

13. a. Please indicate the gross billable income for the applicable fiscal year:

Actual Last Fiscal Year Ending Date _____ \$ _____	Actual Current Fiscal Year Ending Date _____ \$ _____	Projected Next Fiscal Year Ending Date _____ \$ _____
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b. Total number of clients for the past year \_\_\_\_\_

14. Do you have any single client representing 15% or more of your gross billable income?  Yes  No  
 If yes, please provide client profile, services performed by you, percentage of your revenue, etc.  
 \_\_\_\_\_  
 \_\_\_\_\_

15. Indicate the approximate percentage of your last year's gross billable income and whether engagement letters are used. The Total percentage must add up to 100%.

Area of Practice	Percentage of Income	Are Engagement Letters Used?
<b>A. GENERAL BOOKEEPING &amp; FINANCIAL</b>		
1. Bookkeeping/Write-ups/Payroll Processing	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Booking or Accounting Software Installation or Consulting (no Design Services)	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Reviews	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Compilations	%	<input type="checkbox"/> Yes <input type="checkbox"/> No

Area of Practice	Percentage of Income	Are Engagement Letters Used?
<b>B. TAX SERVICES</b>		
1. Tax - Individual	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Tax – Business	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Tax – Estate	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>C. INVESTMENT ADVICE AND CONSULTING</b>		
1. Basic Personal Financial Planning ( <i>no Specific Investment Advice</i> )	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Personal Investment Advice*	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Management or Business Consulting ( <i>describe</i> ) _____	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Business Investment Advice*	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Litigation Support	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>D. OTHER</b>		
1. Describe: _____	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Describe: _____	%	<input type="checkbox"/> Yes <input type="checkbox"/> No

**TOTAL 100%**

*\*If any income is shown in C.2 OR C.4, please complete the **Investment Advice/Financial Planning Practice Supplement**.*

16. Approximate percentage of Gross Billable Income from the following:
- a. High Net Worth Individuals (>\$10,000,000 Assets) %
  - b. Large Public Companies (>\$25,000,000 Revenue) %
  - c. Large Private Companies (>\$25,000,000 Revenue) %

**RISK MANAGEMENT**

17. Do you have a training program in place for all new professionals?  Yes  No
18. Do you maintain a calendar system to ensure the timely completion of reports, filings, and tax returns?  Yes  No
19. Within the past five years, have you sued to collect fees?  Yes  No  
*If yes, please describe all collection suits including name of clients, services rendered, dates of services, suit date, fee amounts, status or outcome of suit and whether your firm is still providing services for this Client:*
- \_\_\_\_\_
- \_\_\_\_\_

**CLAIM HISTORY**

20. Have you or any member of your firm ever had their accounting license suspended or revoked or been subject to any kind of professional investigation or disciplinary action by any regulatory entity or accounting professional body, or been indicted for, or convicted of a felony, or paid any criminal or civil penalty or fine (including a tax preparer's fine) in connection with your professional services?  Yes  No *If yes, please provide full details.*
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
21. In the past five years, has any professional liability claim or suit been made against the firm, any predecessor in business or any current or former partner, officer, shareholder or employed accountant?  Yes  No  
*If yes, please complete the **Claim, Suit, or Incident Supplement** for each claim.*
22. Does any accountant for whom coverage is sought know of any incident, act, error or omission that could result in a claim or suit against your firm or any predecessor firm or any of the current or former members of the firm?  
 Yes  No *If yes, please complete the **Claim, Suit, or Incident Supplement** for each claim or incident.*

23. Have you carried any professional liability insurance during the past 3 years?  Yes  No If yes, complete the following chart for any professional liability insurance coverage carried by your firm during the past three years.

	Carrier	Policy Period	Limits	Deductible	Premium	Retroactive Date
Current year						
Prior Year 1						
Prior Year 2						

Please forward a copy current declarations page.

24. Have you or any person or entity seeking coverage under this proposed policy ever been declined professional liability insurance or had such insurance non-renewed or cancelled, other than for nonpayment of premium? (Missouri applicants: do not respond)....  Yes  No If yes, please provide details:

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**IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE**

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: [http://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)  
 If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

**FRAUD WARNINGS**

**Attention: Insureds in Arkansas, D.C., Louisiana, Maryland, and New Mexico**

Any person who knowingly (and willfully in D.C. and MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (and willfully in D.C. and MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Attention: Insureds in Colorado**

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.

**Attention: Insureds in Florida**

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.

**Attention: Insureds in Kentucky, New Jersey, New York, Ohio, and Pennsylvania**

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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

**Attention: Insureds in Maine, Tennessee, Virginia, and Washington**

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.

**SIGNATURE AND AUTHORIZATION**

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The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all of the following:

- The statements and representations made in this application are true and complete and will be deemed material to the acceptance of the risk assumed by Travelers in the event an insurance policy is issued.
- If the information supplied in this application changes between the date of the application and the effective date of any insurance policy issued by Travelers in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- Travelers is authorized to make an investigation and inquiry in connection with this application.
- Travelers is not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

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Signature\* (Partner, Member, Officer, Shareholder)

Date

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Name (print)

Title

\*If you are electronically submitting this application to Travelers, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you hereby consent and agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

**Electronic Signature and Acceptance**

**Important note:** This application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by Travelers. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.

**INSURANCE AGENT OR BROKER MUST COMPLETE THE FOLLOWING:**

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Submitting agency name

Direct

Sub-produced

Address (street, city, state, zip code)

Phone

Fax

Email

Licensed Producer Name

License Number

**ADDITIONAL INFORMATION:**

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In the section below you may provide additional information to any of the questions in this application (please reference the question number).