



New Business Renewal of Policy Number _____

AGENT INFORMATION	Agent Name Forrest T. Jones & Company, Inc. 240675-1	
	Soliciting Agency/Licensee/Producer	
UNDERWRITING COMPANY	St. Paul Fire and Marine Insurance Company	
MAIL TO	Forrest T. Jones & Company, Inc. P.O. Box 418131, Kansas City, MO 64141-9131	Phone: 1-800-821-7303 ext. 514 Fax: 1-816-968-0577
NOTICE	This is an application for a policy that contains "Claims-made" liability protection. Coverage for prior acts and claims made after termination of this policy may be restricted.	

APPLICANT INFORMATION

1. a. Legal Name of Applicant _____

b. Applicant is a (check only one):
 Individual Limited Liability Company Limited Liability Partnership Corporation
 Partnership Professional Association Professional Corporation Other _____

2. a. Address (Street, City, State, Zip Code) _____ b. County _____

3. Mailing Address (if different from address in question 2) _____ 4. Telephone Number _____

5. E-mail Address _____ 6. Facsimile Number _____

7. Internet Address _____ 8. Desired Coverage Effective Date _____

9. Desired limit of coverage "each wrongful act/total limit":
 \$100,000/200,000 \$250,000/500,000 \$500,000/1,000,000 \$ Other _____

10. Desired deductible "each wrongful act": (Financial Statement is Required for Deductible in Excess of \$10,000)
 \$1,000 \$2,500 \$5,000 \$Other _____

11. Date applicant firm was established:..... _____

12. Has the applicant firm's name changed in the past five years?..... Yes No
 If yes, provide the following information in chronological order:

Predecessor Firm Name	Date of Change	Number of Partners, Officers, and Owners of Predecessor Firm and date of dissolution	Number of Partners, Officers, and Owners of Predecessor Firm who joined successor	Percent of billings assigned to successor

STAFF DETAILS

13. a. Total number of staff involved in accounting functions (including independent contractors and staff who are licensed to sell annuities or mutual funds or who perform audit services)? _____
 b. Total number of staff who are licensed to sell annuities or mutual funds? _____
 c. Total number of staff who perform audit services? _____

14. List all Owners, Partners, Officers, and Management:

Name	Position	Years in Practice	Credentials (CPA, PA, EA, ABA, ATP, other)	Professional Organizations

15. Is any individual listed in question 14 an attorney, licensed investment advisor, or registered representative of a securities dealer? Yes No
 If yes, provide the following for each individual:

Name	Profession

16. Is the applicant's accounting practice less than a full-time business, or does the applicant engage in any other business that is not an accounting practice? Yes No
 If yes, attach details including the number of hours per week devoted to any other activity.

NATURE OF PRACTICE

17. Gross Annual Billings:
 a. Last Fiscal Year \$ _____
 b. Estimated Current Fiscal Year \$ _____

18. Provide the percentage of fees derived from the following areas of practice. Coverage may not be provided for all activities indicated.

Audit Services:	
Publicly Traded corporations*	_____ %
All Other Audit	_____ %
Accounting Services:	
Review	_____ %
Compilation	_____ %
Bookkeeping/Write-Up	_____ %
Tax Services:	
Individual Tax Returns	_____ %
Corporate Tax Returns.....	_____ %
Partnership Tax Returns	_____ %
Limited Partnership Tax Returns.....	_____ %
Estate Tax Returns	_____ %
Other Tax Services (including tax advice).....	_____ %
Fiduciary Services:	
Administrator, Executor, or ERISA Trustee	_____ %
Bankruptcy Trustee or Receiver.....	_____ %
Other Trustee Work.....	_____ %
Securities Activities*	_____ %
Financial Services:	
Personal Finance Planning	_____ %
Annuity/Mutual Fund Sales	_____ %
Management Advisory Services/Data Processing Advice	_____ %
Business Investment Advice (Includes tax shelter syndication, tax shelter advice, business acquisition evaluations and projections).	_____ %
Business Valuations	_____ %
Other Services (Describe)	_____ %
TOTAL:	100 %

*Includes S.E.C. work such as reports on Audit, Review, or Compilation of financial statements or projections performed in connection with:

- A Registration statement filed with the S.E.C. or any state securities commission
- A private offering memorandum, Regulation D debt or equity offering, or any other exempt transaction or securities offering
- A report filed with the S.E.C., or any state securities commission, NASD, or any stock exchange or similar organization.

19. Excluding payroll activities, within the past five years has the applicant or any member of the applicant firm invested, received, disbursed, or in any way acted in a decision-making capacity with respect to client's funds? Yes No
 If yes: a. provide the following:

Type of Client	Amount of Funds Controlled	Type of Services Provided	Sole Check Signing Authority
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

- b. Is the applicant insured under a Bond covering loss of client's property or funds? Yes No
 If yes: Bond amount \$ _____ Expiration date _____

20. During the past five years has the applicant provided professional services to any client in which any firm member or spouse:
 a. Served as an officer, director, trustee, or partner Yes No
 b. Owned an equity or financial interest..... Yes No

If yes to either a or b, provide the following information:

Client Name	Type of Business	Equity Interest	Equity Percent	Capacity*	Services Rendered	Fees Earned	Disclosure**
		\$	%				<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	%				<input type="checkbox"/> Yes <input type="checkbox"/> No

*Capacity: O - Officer S - Shareholder P - Partner D - Director X - Other (explain) _____

**Disclosure: Specify whether lack of independence is disclosed for each client.

21. During the past five years has the applicant or any firm member:
 a. Organized, arranged, or participated in the management of limited partnerships, real estate investments, tax shelters, or other investment ventures? Yes No
 b. Received commissions, fees (other than fees for accounting services), reciprocity, or revenue from the sale or promotion of investments, or tax shelters? Yes No

RISK MANAGEMENT PROCEDURES

22. Within the past five years has the applicant undergone Peer Review or Quality Review?..... Yes No
 If yes: a. Date of last review
 b. Were results qualified? Yes No
 Attach a copy of the most recent report and include responses and corrections to any noted deficiencies.
 If no: a. Are all statements of condition, balance sheets, and reports personally signed by a partner, officer, or owner of the applicant firm? Yes No
 b. Are workpapers indexed to reflect what was done, when, and by whom? Yes No
 c. Does the applicant firm maintain a system to insure timely completion of reports, filings, and tax returns?..... Yes No

23. During the past two years have more than 50% of the applicant's professional staff completed four or more hours of Continuing Professional Education in addition to any state-required continuing education requirements? Yes No

24. Are engagement letters, outlining the nature and scope of the services provided, issued to all clients for whom the following engagements are performed? (N/P - Engagement Not Performed)
- | | | | |
|---------------------------------------|------------------------------|-----------------------------|------------------------------|
| a. Audit | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/P |
| b. Review | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/P |
| c. Compilation..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/P |
| d. Tax Preparation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/P |
| e. Projections/Forecasts | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/P |
| f. Management Advisory Services | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/P |
| g. Financial Planning | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/P |
| h. Other (explain): _____ | | | |

25. Does the applicant maintain a Diary or "tickler" system to ensure timely completion of reports, filings, and tax returns?..... Yes No
26. During the **past three years** has the applicant firm sued to collect fees?..... Yes No
If yes, provide the following information:

Services Rendered	Fee Amount	Suit Date	Outcome
	\$		
	\$		
	\$		

CLAIMS EXPERIENCE

27. Has the applicant, any predecessor in business, or any past or present member of the applicant firm ever:
- a. Had their state accounting license revoked?..... Yes No
 - b. Been subject to any investigation by any state board of accountancy or any accountancy society? Yes No
 - c. Been subject to any disciplinary action by any state board of accountancy or any accountancy society?. Yes No
 - d. Been subject to any reprimand, criminal penalty or fine (*including a tax preparer's fine levied by the Internal Revenue Service*) related to the performance of professional accounting activities? Yes No
- If yes to any of the above, please provide full details on a separate sheet and attach to this application.*
28. Have any claims or suits involving accounting practice or any other professional services been made during the **past five years** against the applicant or a predecessor in business or any partner, officer, shareholder, or employed accountant? Yes No
*If yes, complete a separate **Claim Or Incident Supplement** for each claim or suit.*
29. After inquiry of all officers, partners, and professional employees, is the applicant aware of any circumstances that may result in a claim being made against the firm, any predecessor in business or any partner, officer or professional employee of the firm? Yes No
If yes, complete a separate **Claim Or Incident Supplement** for each potential claim or suit, AND REPORT ALL SUCH MATTERS TO THE CLAIMS DEPARTMENT OF THE APPROPRIATE PROFESSIONAL LIABILITY INSURANCE COMPANY BEFORE THE CLAIM REPORTING PERIOD EXPIRES.

INSURANCE INFORMATION

30. Is the applicant currently insured under a professional liability policy? Yes No
If yes, complete the following table:

Insurer	Policy Period	Limit of Liability	Deductible	Annual Premium	Retroactive Date

ARKANSAS, FLORIDA, KENTUCKY, MICHIGAN, MINNESOTA, NEW JERSEY AND NEW YORK FRAUD WARNING: 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 insurance act, which is a crime and subjects the person to (NY: substantial) criminal and civil penalties.

COLORADO FRAUD WARNING: 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.

D.C. FRAUD 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, fines, and denial of insurance benefits.

LOUISIANA FRAUD WARNING: 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.

MAINE FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

NEW MEXICO FRAUD WARNING: 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.

OHIO FRAUD WARNING: 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.

PENNSYLVANIA FRAUD WARNING: 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.

VIRGINIA FRAUD WARNING: 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.

IMPORTANT: Read and Sign	This application must be signed and dated by a principal or officer of the applicant firm. Signing this application shall not bind or obligate St. Paul Fire and Marine Insurance Company or any of its affiliates to complete this insurance, but it is agreed that the applicant's responses to the questions contained in this application, as well as the information provided by the applicant in all underwriting supplements and attachments to this application, are material and that the underwriting company shall rely on these responses and information in the event a policy is issued.
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Signature of principal or officer of applicant firm	Date
X	



CLAIM OR INCIDENT SUPPLEMENT
 (Complete one form for each claim, suit, or incident)

 Name of applicant or insured

 Name of individual(s) at firm involved in the claim or incident

 Name of claimant

This matter is currently a/an:
 Pending demand, claim, or suit Closed matter Incident

Name of insurer to whom this matter has been reported	Date reported to insurer
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If this matter is a pending claim or suit, complete this section

Date of alleged error	Date of claim	Additional defendants, if any
Claimant's settlement demand \$	Defendant's offer for settlement \$	Insurer's loss reserve \$
Cost of defense paid to date \$	Is claim in suit <input type="checkbox"/> Yes <input type="checkbox"/> No	If claim is in suit, amount asked in summons \$

If this matter is closed, complete this section

Date of alleged error	Date of claim	Additional defendants, if any
Total paid indemnity \$	Total paid defense costs \$	Deductible \$

Indicate whether
 Matter closed without payment Court judgement Out of court settlement

If this matter is an incident only, complete this section

 Date of alleged error

Description of claim, suit, or incident
(Provide enough information to allow evaluation, attach a separate sheet if necessary. DO NOT attach a copy of the summons.)

Alleged act, error, or omission upon which claimant bases claim:

Description of case and events:

Description of the type and extent of injury or damage allegedly sustained:

Description Risk Management Procedures

Describe any remedial measures taken by the applicant or insured to avoid similar claims or incidents:

