

Send To: FAX 802-229-5669 Quotes@sh-underwriters.com

## **BOOKKEEPERS / TAX PREPARERS SUPPLEMENT**

- Name of Applicant: 1.
- What percentage of the Applicant's billings are derived from the following client types? 2.

a.	Individuals	%	b. Privately Held Companies	s%	c. Publicly-Held Companies	%
d.	Healthcare/HMOs	%	e. Real Estate	%	f. Non-Profit Organizations	%
g.	Construction	%	h. Financial Institutions	%	i. Other (describe)	%

Please indicate the percentage of business of the Applicant's past year's gross billings in each of the followings services: 3.

AUDITS	EDP/COMPUTER SERVICES	MANAGEMENT ADVISORY SERVICES
Municipal% Publicly-Held Companies% Other% GENERAL	Hardware/Software Sales      %         Data Processing Service%      %         Hardware Consulting      %         Software Consulting      %	OTHER: Describe    %       TOTAL must equal     100%
Bookkeeping/Writeups      %         Reviews      %         Compilations      %         Personal Financial Planning      %         TAX SERVICES      %	FIDUCIARY SERVICES         Administrator/Executor or         ERISA Trustee      %         Bankruptcy Trustee or Receiver      %	
Individual/Estate Returns      %         Corporate Returns      %         Limited Partnership Returns       _%         BUSINESS ACQUISISTIONS         Divestitures      %         Evaluations & Projections      %	SECURITIES Limited Partnerships & Tax Shelter Syndication% Debenture Financing/Bonds% Securities including Federal & State Securities%	

Within the last five years has the Applicant provided professional services (including, but not limited to, audits): 4.

	a. b. c.	to publicly-traded client?
5.		luding activities as a trustee or receiver, has any client been the subject of bankruptcy, insolvency or receivership ceedings within the past three years? (If "yes", please attach the following information for each client)
	а.	Date of bankruptcy, insolvency or receivership://
	b.	Services rendered by the Applicant:
	C.	Client's annual sales for the last three years? \$ \$
	d.	Date of first engagement://
	e.	Was an engagement letter used by the Applicant? Yes No (If "no", please attach an explanation)
	f.	Name of Client:
6.		engagement letters always used (except for Tax Returns)? Ves D No

7.	Has any member or former member of the Applicant, at any time since January 1, 1981, provided any professional services or served as a fiduciary, committee member, director, officer, partner, or employee of any Financial Institution?						
8.	<ul> <li>Has any member or former member of the Applicant served as a Trustee?</li></ul>	Yes 🖬 No					
9.	9. Within the past three years, has the Applicant had a quality review?	Yes 🗅 No					
	<ul> <li>a. Date of review: ////MM DD YY</li> <li>b. Type of Reviews:</li> </ul>						
	PCPS SECPS QAR						
	c. Was the review unqualified?	Yes 🗅 No					
10.	Nithin the past five years, has the Applicant invested, received, disbursed or in any way acted in a decision making Capacity with respect to client's funds? Yes Ves No f "yes", please complete the following:						
	<ul> <li>a. Nature of clients operations:</li> <li>b. Amount of funds controlled annually: \$</li></ul>						
	<ul> <li>e. If sole, is there a written agreement in place?</li> <li>f. If the Applicant has sole checking signing authority with no written agreement in place, please provide name of client:</li> </ul>						
	<ul><li>g. Are distributions under a Trust agreement? (<i>if "yes", please complete the Trustee Supplement</i>)</li><li>h. Is the Applicant Firm bonded for the handling of client funds?</li></ul>	□ Yes □ No □ Yes □ No					
11.	1. Does the Applicant advise its clients about the "Year 2000 Millennium" computer problem?	Yes 🗅 No					
	<ul> <li>a. Are the products or services that you offer currently "Year 2000" compliant?</li> <li>b. If so when did that take effect? <a href="https://www.python.org">//www.python.org</a></li> <li>MM DD YY</li> </ul>	Yes 🖬 No					

## NOTICE \_

I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions. Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

gnature of Owner, Partner or Principal

Title

Date