

ACCOUNTANTS & CONSULTANTS PROFESSIONAL LIABILITY Mergers & Acquisitions (M&A) Supplement

To be completed by the Managing Partner of the incoming/merging/acquired entity.

Please attach a copy of the errors & omissions insurance policy (including the declarations page and all endorsements) of the incoming/merging/acquired entity.

1. Effective date of the merger/acquisition: _____

2. Name of the incoming/merging/acquired entity: _____

a. Contact Person: _____

b. Email Address: _____ Telephone: _____

c. Mailing Address: _____

d. Website: _____

3. Has the incoming/merging/acquired entity undergone a peer or quality review? Yes No

a. Date of review: _____

b. Date of next review: _____

c. Was the review unqualified? Yes No

i. If "NO", provide a copy of the qualified report and details of corrective action

4. Regarding the incoming/merging/acquired entity:

a. Were all client statements of financial condition, balance sheets, and reports signed by an owner, officer, partner, principal, shareholder, or member? Yes No

b. Were all work papers indexed to reflect what was done, when, and by whom? Yes No

c. Was a system maintained to ensure timely completion of reports, filings, and tax returns? Yes No

5. Provide a list of billable staff of the incoming/merging/acquired entity, including dates of hire.

6. How many billable staff of the incoming/merging/acquired entity completed loss control education in the past *three years*? _____

a. Provide certificates of completion for each attendee

7. Incoming/merging/acquired entity’s total gross revenues on the last filed tax return, excluding recovered expenses: \$_____ for the period ending _____

8. Provide the percentages of income received from the following activities for the last fiscal year for the incoming/merging/acquired entity:

Activity	%	Engagement Letter Used [Y/N]
Audit – Publicly Traded Entities [1]		
Audit – Not for Profit [1]		
Audit (Investment Professionals/Products) [1]		
Audit (all other) [1]		
Agreed Upon Procedures [2]		
Benefit Administrator/Administration		
Bookkeeping		
Compilation		
ERISA/Pension Plans/TPA		
Escrow Services/Escrow Agent		
Information Technology		
Management Advisory Services [3]		
Personal Financial Planning		
Review		
SEC/Sarbanes Oxley Services [4]		
Taxation [5]		
Trustee Services [6]		
Valuation Services [7]		
Other Services [8]		
TOTAL	100	

- [1] Complete the **Audit Supplement**
- [2] Please describe: _____
- [3] Please describe: _____
- [4] Complete the **Securities Supplement**
- [5] Complete the **Tax Supplement**
- [6] Complete the **Trustee Services Supplement**
- [7] Complete the **Valuation Supplement**; delineate what % is Business Valuation
- [8] Please describe: _____

9. Within the past *five years*, has the incoming/merging/acquired entity provided:

- a. Services to a publicly traded company? Yes No
 - i. if “YES”, complete the **SEC (Securities) Supplement**

- b. Services in connection with securities offerings, registration, or sale? Yes No
 - i. if “YES”, complete the **SEC (Securities) Supplement**

c. Forecasts, projections, etc. to sellers or promoters of investments for inclusion in a prospectus or other securities sales literature? Yes No
i. if "YES", complete the **SEC (Securities) Supplement**

d. Services in connection with any investment syndication, investment limited partnership, or any form of tax shelter? Yes No
i. if "YES", provide details:

10. In the past year, has the incoming/merging/acquired entity issued a going concern letter for any business clients that have declared or filed for bankruptcy, defaulted on a bond issue, or become insolvent subsequent to the rendering of such services? Yes No
a. If "YES", provide details:

11. Within the past *five years*, have any claims been made or legal actions been brought against the incoming/merging/acquired entity? Yes No
a. If "YES", complete the **Claim Supplement** and provide currently valued Loss Runs

12. After inquiry, do any of the partners or staff of the incoming/merging/acquired entity, for which coverage is requested, have knowledge of any act, error, omission, fee dispute, client bankruptcy, incident, or other circumstance that is or could be the basis of a claim under this proposed insurance policy? Yes No
a. If "YES", complete the **Claim Supplement** and provide currently valued Loss Runs

13. Within the past *five years*, has the incoming/merging/acquired entity filed any lawsuits against clients or former clients to collect unpaid fees for services rendered? Yes No
a. If "YES", provide details:

14. Has the incoming/merging/acquired entity purchased an extended reporting period from their current/expiring errors & omissions insurance carrier? Yes No
a. If "YES", provide expiration date: _____

15. What is the prior acts/retroactive date of the incoming/merging/acquired entity's current/expiring errors & omissions insurance policy? _____

If the incoming/merging/acquired entity is seeking consideration for prior acts coverage, the entity must provide a currently dated Warranty/No Known Loss Letter.

Signature of Applicant: _____ Date: _____