

ACCOUNTANTS & CONSULTANTS PROFESSIONAL LIABILITY Outside Interest Supplement

Please complete this supplement with information from the past five years.

1. Have any of **you** provided services other than personal tax returns to a client while acting as an officer, director, partner, or manager of such client?
 - a. Yes No
 - i. If "YES", provide information below for each client

<u>Client</u>	<u>Equity % Held</u>	<u>Fees Earned (\$)</u>	<u>Position</u>	<u>Services</u>	<u>Disclosure of Conflict (Y/N)</u>

2. Have any of **you** or a spouse had or currently have an equity or financial interest in a client that is greater than 10%?
 - a. Yes No
 - i. If "YES", provide information below for each client

<u>Client</u>	<u>Equity % Held</u>	<u>Fees Earned (\$)</u>	<u>Position</u>	<u>Services</u>	<u>Disclosure of Conflict (Y/N)</u>

3. Was Directors & Officers (D&O) insurance coverage in place for **you** during the time which **you** act(ed) as an officer, director, partner, or manager for each client?
 - a. Yes No
 - i. If "NO", please explain:

- b. Did **you** obtain a signed conflict waiver from each client listed above? Yes No

Signature of Applicant: _____ Date: _____