

# Carolina Casualty Insurance Company

4600 Touchton Road East, Building 100, Suite 400, Jacksonville, FL 32246

# AccountPro

## Proposal Form

### Accountants Professional Liability Insurance

#### CLAIMS MADE WARNING FOR APPLICATION

**THIS PROPOSAL FORM IS FOR A CLAIMS MADE AND REPORTED POLICY, RELATING TO CLAIMS MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY.**

Whenever printed in this Proposal Form, the terms in boldface type shall have the same meanings as indicated in the Policy. This Proposal Form is to be completed with respect to the entire Applicant Firm.

Name of Applicant Firm

Street Address

Suite

City

County

State

Zip Code

Website Address (if applicable)

Federal Employer Identification Number (FEIN)

The person designated as agent of the Applicant Firm and of all **Insureds** to receive any and all notices from the **Insurer** or their authorized representatives concerning this insurance:

Contact Name

Title

E-mail Address

Telephone Number

Fax Number

#### Producer Information

Submitted by (Agency Name)

Dated

Agent's Name (Individual's Name)

Agent's License Number

#### Coverage Requested (Indicate all options desired)

Limits of Liability Desired (Each Claim and Annual Aggregate):

\$100,000 / \$100,000

\$100,000 / \$200,000

\$100,000 / \$300,000

\$250,000 / \$250,000

\$250,000 / \$500,000

\$500,000 / \$500,000

\$500,000 / \$1,000,000

\$1,000,000 / \$1,000,000

\$1,000,000 / \$2,000,000

\$2,000,000 / \$2,000,000

\$3,000,000 / \$3,000,000

Other: \$ \_\_\_\_\_

Deductible Desired (Each Claim):

\$0

\$1,000

\$2,500

\$5,000

\$10,000

\$15,000

\$20,000

Other: \$ \_\_\_\_\_

First Dollar Claim Expense (Damages Only) Deductible:

Yes

No

Claims Expense:

Inside the Limit

Outside the Limit

Both Options Desired

#### Additional Coverage Requested

<u>Additional Coverage</u>	<u>Coverage Requested?</u>	<u>Proposal Form Required</u>
Employment Practices Liability Claims Expense	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employment Practices Liability Proposal Form (APL 28780)
Life Insurance Agent Professional Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Entity / Individual License Proposal Form (APL 28700)
Nonprofit Directorship Liability Claims Expense	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nonprofit Directorship Liability Proposal Form (APL 28750)
Real Estate Agent Professional Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Entity / Individual License Proposal Form (APL 28700)
Registered Representative Professional Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered Representative Proposal Form (APL 28810)

#### Current Insurance Information (Provide details to all "Yes" answers)

1. List the professional liability insurance purchased by the Applicant Firm for each of the past 3 years. If "None", so state.  None

<u>Insurance Carrier</u>	<u>Inception Date</u>	<u>Expiration Date</u>	<u>Limit of Liability</u>	<u>Deductible</u>	<u>Premium</u>
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____

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2. Has the Extended Reporting Period (or Discovery Period) been exercised for any of the Applicant Firm's, or any predecessor in business, prior professional liability insurance policies?  Yes  No  
If "Yes", provide full details. \_\_\_\_\_
3. Within the last 3 years, has the Applicant Firm, or any predecessor in business, ever had an insurer decline, cancel, refuse to renew, rescind, or accept only on special terms, any professional liability insurance policy? (NOT APPLICABLE IN MISSOURI)  Yes  No  
If "Yes", provide full details. \_\_\_\_\_
4. Does the Applicant Firm's current or most recently expired professional liability insurance policy contain a retroactive date?  Yes  No  
If "Yes", indicate the date (Mo/Day/Yr): \_\_\_\_\_

## General Information (Provide details to all "Yes" answers by attachment, when appropriate)

5. Form of Applicant Firm:  Corporation  Partnership  Professional Corporation  
 Limited Liability Corporation  Professional Association  Sole Proprietorship / Individual  
 Limited Liability Partnership  Other: \_\_\_\_\_
6. The Applicant Firm has been in continuous operation since: \_\_\_\_\_
7. Does the Applicant Firm share office space with any other entity / person?  Yes  No  
(a) If "Yes", does the Applicant Firm keep separate files, employ separate staff and present itself as an independent practice to the public?  Yes  No  
(b) If "No", complete the Multiple / Shared Office Supplemental Form (APL 28720).
8. Within the last 5 years, has the Applicant Firm:  
(a) changed its name?  Yes  No  
(b) experienced a change in ownership or principals?  Yes  No  
(c) merged with or acquired, the business of any individual or entity?  Yes  No
9. Provide the following on all Predecessor Firm(s) to whose assets and liabilities the Applicant Firm is the majority successor in interest. Include the date the Predecessor Firm(s) were acquired. If "None", so state.  None

Name of Predecessor Firm	Date Acquired	Prior Acts Coverage Requested	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Does the Applicant Firm have any affiliates and/or subsidiaries?  Yes  No  
If "Yes", and coverage is requested, complete the Additional Entity / Individual License Supplemental Form (APL 28700) for each entity proposed for coverage.
11. Is the Applicant Firm, any Predecessor Firm, subsidiary, affiliated entity, or any member of the Applicant Firm engaged in any of the following activities? If "None", so state.  None  
 Registered Representative  Real Estate Agent / Agency  Life Insurance Agent / Agency  Lawyer  
 Investment Advisor  Title Insurance Agent / Agency  Other: \_\_\_\_\_
12. Indicate which professional association(s) the Applicant Firm or at least one member of the Application Firm is an active member of. If "None", so state.  None  
 AICPA  State CPA Society  National Society of Accountants  
 National Association of Tax Professionals  National Association of Enrolled Agents  American Taxation Association  
 American Payroll Association  American Institute of Professional Bookkeepers
13. Indicate active American Institute of Certified Public Accountants (AICPA) section membership(s). If "None", so state.  None  
 Center for Public Company Audit Firms  Government Audit Quality Center  
 Employee Benefit Plan Audit Quality Center  Private Companies Practice Section

## Current Staffing Information

14. Indicate the total number of personnel for the Applicant Firm by Full Time and Part Time (<1,250 hours).
- (a) Total number of Professional Staff for the Applicant Firm.
- |  | FT    | PT    |
|--|-------|-------|
| Owners, Partners and Officers (# _____ CPAs; # _____ Public Accountants; # _____ Tax Professionals): | _____ | _____ |
| Employed Certified Public Accountants (not included above):  | _____ | _____ |
| Other Accounting or Tax Professionals (not included above):  | _____ | _____ |
| Independent Contractors and Temporary Staff:   | _____ | _____ |
- (b) Total number of Additional Staff for the Applicant Firm.
- |  | FT    | PT    |
|--|-------|-------|
| Administrative / Support Staff:        | _____ | _____ |
| Leased, Seasonal, and Temporary Staff: | _____ | _____ |

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15. Within the last 5 years, has the professional staff of the Applicant Firm changed +/- 30 percent, which was not related to any merger or acquisition activity? Not applicable to firms with less than 10 professionals.  Yes  No

16. List the following information for each Owner, Partner, and Officer of the Applicant Firm.

<u>Name(s)</u>	<u># Years in Practice</u>	<u>State(s) where License(s) Apply</u>
_____	# _____	_____
_____	# _____	_____
_____	# _____	_____
_____	# _____	_____

## Nature of Practice Information

17. Indicate the Gross Annual Revenue for the Applicant Firm.

<u>Prior Fiscal Year</u>	<u>Current Fiscal Year (estimated)</u>	<u>Projected Next Fiscal Year</u>
\$ _____	\$ _____	\$ _____

18. Indicate the percentage of revenue for the Prior Fiscal Year from the largest clients for the Applicant Firm.

Largest Client % of Revenue _____ %	Second Largest Client % of Revenue _____ %
Type of Industry _____	Type of Industry _____
Number Years as Client _____	Number Years as Client _____

19. Indicate the percentage of revenue for the Prior Fiscal Year from the largest states for the Applicant Firm.

<u>State</u>	<u>% of Revenue</u>	<u>State</u>	<u>% of Revenue</u>
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %

20. Indicate the percentage of Gross Annual Revenue for the Prior Fiscal Year derived from the following areas of practice:

<u>Area of Practice</u>	<u>%</u>	<u>Area of Practice</u>	<u>%</u>
Business Tax Services _____ %	_____ %	Litigation Support Services _____ %	_____ %
Estate Tax Services _____ %	_____ %	Business / Personal Management Services (1) _____ %	_____ %
Individual Tax Services _____ %	_____ %	*Fiduciary Services: Trust Related _____ %	_____ %
Bookkeeping and Write-Up Services _____ %	_____ %	*Fiduciary Services: Non-Trust Related _____ %	_____ %
Payroll Accounting Services _____ %	_____ %	*Fiduciary Services: Employee Benefit Plan (7) _____ %	_____ %
Audit / Review Services: Public Clients (2) _____ %	_____ %	Information Technology Services (6) _____ %	_____ %
Audit Services: Non Public Clients (3) _____ %	_____ %	Assurance Services (5) _____ %	_____ %
Review Services: Non Public Clients _____ %	_____ %	Securities (Other than Audit) Services (4) _____ %	_____ %
Compilation Services: Non Public Clients _____ %	_____ %	Other: _____ %	_____ %
Projection and Forecast Services _____ %	_____ %	Other: _____ %	_____ %
Business Valuation Services _____ %	_____ %	*Describe services by attachment. TOTAL: 100%	

Complete the following Supplemental / Proposal Form(s), as indicated above: (1) Business / Personal Management (APL 28800); (2) Public Client Audit Services (APL 28740); (3) Non Public Client Audit Services (APL 28730); (4) Securities Services (APL 28820); (5) Assurance Services (APL 28830); (6) Information Technology Services (APL 28840); Employee Benefit Plan (APL 28790).

Public Client Services include: audit, review or forecast / projection engagements performed in connection with, but not limited to: (1) Registration Statement(s) filed with the Securities and Exchange Commission ("SEC") or similar State Securities Commission, or (2) Report(s) filed with the SEC, any State Securities Commission, NASD or any Stock Exchange, or similar organization.

21. With respect to the areas of practice listed above (Provide details to all "Yes" answers by attachment.):

- (a) have any of the professional services provided changed by more than 25 percent during the last 5 years?  Yes  No
- (b) does the Applicant Firm foresee a 25 percent change in the professional services provided in the next 12 months?  Yes  No
- (c) have there been any professional services previously provided that have been discontinued in the last 5 years?  Yes  No
- (d) are there any plans to expand professional services into new areas in the next 12 months?  Yes  No

22. Is the Applicant Firm, if required, properly licensed and in good standing for the state(s) in which it operates?  Yes  No

23. Within the last 5 years, has the Applicant Firm, any Predecessor Firm, or any member of the Applicant Firm:

- (a) performed services, other than tax, for a client that is contemplating or has declared or filed bankruptcy, defaulted on a debt obligation, or become insolvent?  Yes  No
- (b) performed services for any financial institutions (e.g., Banks, Bank Holding Companies, Savings & Loans, Savings Bank, Credit Unions or Insurance Companies)?  Yes  No
- (c) performed services or consented to the use of the Applicant Firm's work product, in connection with public or private offerings of securities, real estate, or other investments?  Yes  No  
If "Yes", complete the Securities Services Supplemental Form (APL 28820).
- (d) exercised any discretionary control over client funds, other than as an executor or trustee?  Yes  No

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24. Within the last 5 years, has the Applicant Firm, any **Predecessor Firm**, or any member of the Applicant Firm (including members of their immediate family):
- (a) held an equity interest in any entity, organization, corporation or enterprise (including any current or former clients) to which the Applicant Firm has rendered services?  Yes  No
  - (b) served as a director or officer, or served in a fiduciary capacity, in any entity, organization, corporation or enterprise (including any current or former clients) to which the Applicant Firm has rendered services?  Yes  No
  - (c) exercised any managerial control over any entity, organization, corporation or enterprise (including any current or former clients) to which the Applicant Firm has rendered services?  Yes  No
- If "Yes" to any of the above, complete the Outside Interests / Activities Supplemental Form (APL 28710).
25. Within the last 3 years, has the Applicant Firm, any **Predecessor Firm**, or any member of the Applicant Firm:
- (a) organized, promoted, solicited on behalf of or procured participants for investment ventures?  Yes  No
  - (b) provided management services for investment ventures?  Yes  No
  - (c) participated with clients in any investment or business?  Yes  No
  - (d) arranged debt or equity financing or acted as a business broker?  Yes  No
  - (e) received commissions, referral fees, reciprocity or other inducements arising from the sale, promotion or recommendation of securities, insurance products, real estate or other investments?  Yes  No
  - (f) organized, sold, acted as sales promoter or sales agent for, or acted as manager or general partner for any real estate or other investment syndicate, limited liability company or partnership (limited or general)?  Yes  No
  - (g) organized, sold, acted as sales promoter or sales agent for, prepared any promotional sales materials for, provided any tax advice, counsel or opinions with respect to, or prepared or assisted in preparing any income, gift or estate tax returns incorporating or reporting a tax shelter or other tax advantaged investment which provided taxable income exclusions or tax deductions exceeding \$500,000 in any one tax year?  Yes  No
26. (a) Does the Applicant Firm have a policy against suing for fees?  Yes  No
- (b) Does the Applicant Firm refer all collection matters concerning outstanding fees to an independent Collection Agency?  Yes  No
- (c) During the last 3 years, has the Applicant Firm, or any **Predecessor Firm** been involved in any disputes with respect to fees or other compensation, which may be due for professional services rendered?  Yes  No

**General Practices and Procedures (Provide details to all "No" answers by attachment)**

27. Does the Applicant Firm have client project screening procedures?  Yes  No
- (a) Do these procedures require sign-off by a second partner or relevant special purpose committee prior to accepting a new engagement?  Yes  No
  - (b) Is the Conflict of Interest avoidance system automated?  Yes  No
  - (c) Does the Conflict of Interest avoidance procedures include:
    - (i) current and former clients?  Yes  No
    - (ii) clients of **Predecessor Firm(s)** and merged or acquired firms?  Yes  No
    - (iii) matters or clients that have been declined?  Yes  No
28. Indicate what loss prevention tools the Applicant Firm requires members to use.
- |  |   |  |
|--|---|--|
| Engagement Letters are updated:                            | <input type="checkbox"/> Annually for all Engagements | <input type="checkbox"/> Annually for Audit and Securities Engagements |
| <input type="checkbox"/> Engagement Letters are not used   | <input type="checkbox"/> As Engagement Changes        | <input type="checkbox"/> Not Updated (Evergreen)                       |
|  |   | <input type="checkbox"/> Other: _____                                  |
| Second person / partner review of:                         | <input type="checkbox"/> Audit / Attest Services      | <input type="checkbox"/> All Services                                  |
| <input type="checkbox"/> No second person / partner review | <input type="checkbox"/> Taxation Services            | <input type="checkbox"/> Other: _____                                  |
29. Does the Applicant Firm have a written policy on Continuing Professional Education (CPE) training, including required courses and CPE hours per year?  Yes  No
30. Number of professionals (and documentation) who have attended an AICPA or other similar quality loss control seminar / self-study course in the last 3 years. \_\_\_\_\_
31. If the Applicant Firm is a sole practitioner, have arrangements been made for another CPA to perform a cold review and handle client deadlines in the event of an extended absence?  N/A  Yes  No
32. Checklists Used. If "None", so state.  None
- AICPA  Practitioners Publishing Company  Other: \_\_\_\_\_
33. Does the Applicant Firm have a calendar system to ensure on-time completion of professional service activities?  Yes  No
- (a) Is the calendar system automated?  Yes  No
  - (b) Does the calendar system track items, even where no critical deadline is involved?  Yes  No
  - (c) Does the calendar system include a procedure for the verification of the completion of calendared items or the re-scheduling of events?  Yes  No

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34. Does the Applicant Firm delegate or refer work outside of the firm?  Yes  No  
If "Yes", explain the nature of the work, to whom and percentage of Applicant Firm's Prior Fiscal Year Gross Revenue via attachment to this Application.
35. Within the last 3 years, has a peer or on-site quality review under the sponsorship of the AICPA, any state CPA Society, or any other professional association or organization, been conducted?  Yes  No  
(a) If "Yes", indicate the opinion rendered:  Unqualified / Unmodified  Qualified / Modified\*  Adverse\*  
\*If Qualified / Modified or Adverse, provide a copy of the Peer Review Report as well as the Letter of Comments and the Applicant Firm's Letter of Response for this review and the Applicant Firm's prior peer or on-site quality review.  
(b) If "No", and the Applicant Firm provides compilation, review and/or audit services, indicate the anticipated date of review. \_\_\_\_\_

**Litigation and Claim Information**

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36. Has the Applicant Firm, any Predecessor Firm, or any member of the Applicant Firm:  
(a) ever had his/her certificate, license, or permit to practice suspended or revoked?  Yes  No  
(b) ever been subjected to an investigation or disciplinary action by any state board of accountancy, State Society, the AICPA or any other state or federal regulators?  Yes  No  
If "Yes", provide full details. \_\_\_\_\_
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37. During the last 5 years, has any professional liability claim or suit been made against the Applicant Firm, any Predecessor Firm, or partner, stockholder or professional staff person?  Yes  No
38. Is the Applicant Firm or any partner, stockholder or professional staff person in the Applicant Firm aware of any fact, circumstance, or situation that might reasonably be expected to result in any professional liability claim or suit against the Applicant Firm, any Predecessor Firm, or partner, stockholder or professional staff person in the Applicant Firm?  Yes  No

**IF "YES" TO QUESTIONS 37. OR 38., PROVIDE FULL DETAILS ON THE CLAIM / INCIDENT SUPPLEMENTAL FORM (APL 28610). IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN DEMAND, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN THE INSURED'S RESPONSE TO QUESTIONS 36., 37., OR 38.**

**Documents Required (The following information must be submitted with the completed Proposal Form).**

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- Provide details to all "Yes" answers, when applicable below, or by attachment when additional space is required.
- Completed Supplemental Forms, where appropriate.

**Provide Additional Information here**

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## **Carolina Casualty Insurance Company**

**NOTICE TO COLORADO APPLICANTS:** 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.

**NOTICE TO NEW MEXICO, PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO APPLICANTS OF KENTUCKY:** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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.

**NOTICE TO APPLICANTS OF MINNESOTA, NEW JERSEY, OHIO, AND OKLAHOMA:** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO DISTRICT OF COLUMBIA, MAINE, MASSACHUSETTS, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS:** 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.

**NOTICE TO APPLICANTS OF 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.

**NOTICE TO NEW YORK APPLICANTS:** 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

### **Please Read Carefully**

The undersigned, acting on behalf of all Insureds, declare that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information from each and every Insured proposed for this insurance to facilitate the proper and accurate completion of this Proposal Form.

The undersigned agree that the particulars and statements contained in the Proposal Form and any material submitted herewith are their representations and that they are material and are the basis of the insurance contract. The undersigned further agree that the Proposal Form and any material submitted herewith shall be considered attached to and a part of the Policy. Any material submitted with the Proposal Form shall be maintained on file (either electronically or paper) with the Insurer and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- if any significant change in the condition of the applicant is discovered between the date of this Proposal Form and the Policy inception date, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately;
- any Policy, if issued, will be in reliance upon the truth of such representations;
- this Proposal Form has been completed as respects the entire Applicant Firm;
- the signing of this Proposal Form does not bind the undersigned to purchase the insurance.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature of Owner, Partner, Officer or Principal

\_\_\_\_\_  
Title

\_\_\_\_\_  
Owner, Partner, Officer or Principal (Print Name)

This Carolina Casualty Insurance Company Proposal Form, including any material submitted herewith, shall be held in strictest confidence.

**A POLICY CANNOT BE ISSUED UNLESS THE PROPOSAL FORM IS PROPERLY SIGNED AND DATED.**

Please submit this Proposal Form including appropriate documentation to:

Monitor Liability Managers, Inc., 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039