

U.S. Risk, LLC | 14241 Dallas Parkway, Suite 850, Dallas, Texas 75254

1. Applicant name (company name if applicable): \_\_\_\_\_

2. Staff (indicate numbers):

	Full Time	Part Time	Inactive
Owners, Partners and Officers	_____	_____	_____
Employed CPAs	_____	_____	_____
Other Accounting and Tax Professionals	_____	_____	_____
Support Staff	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____

3. What percentage of your work involves the subcontracting of work to others? \_\_\_\_\_ %

Do you require independent contractors to carry their own professional liability insurance?  Yes  No

**If yes**, what limit of liability to you require? \$ \_\_\_\_\_

**If yes**, do you obtain a certificate of insurance?  Yes  No

To include coverage for independent contractors, provide the following information:

- Name of independent contractor
- Resume
- Description of type of work that will be performed by the independent contractor and revenues they will generate

4. Percentages of gross annual revenue derived from the areas of practice (**must equal 100%**):

- |                                       |  |
|---------------------------------------|--|
| a. Business Tax Services: _____ %     | j. Business Planning: _____ %            |
| b. Estate Tax Services: _____ %       | k. Information Technology: _____ %       |
| c. Individual Tax Services: _____ %   | l. Business Valuation: _____ %           |
| d. Bookkeeping/Write-Up: _____ %      | m. Financial Planning: _____ %           |
| e. Compilation: _____ %               | n. Litigation Consulting: _____ %        |
| f. Review: _____ %                    | o. SEC-Public/Private Offerings: _____ % |
| g. Audit: non-public clients: _____ % | p. Fiduciary Services: _____ %           |
| h. Audit: public clients: _____ %     | q. Assurance Services: _____ %           |
| i. Forecasts/Projections: _____ %     | r. Other (_____): _____ %                |

5. For what percentage of your services do you utilize engagement letters? \_\_\_\_\_ %

Provide details on when you use engagement letters and when you do not use them:

Do your engagement letters include an alternative dispute resolution clause?  Yes  No

6. Does the applicant firm, or any member of the firm, perform duties under a trust agreement?  Yes  No

**If yes**, provide details:

7. Does the applicant firm, or any member of the firm, have discretionary control over clients' funds?  Yes  No

**If yes**, provide details.

8. Within the past five years, has the applicant firm or any member of the firm provided services for any client in which any insured or spouse owned an equity interest of more than 10%, or served as an officer, director, partner or manager of a client?  Yes  No

**If yes**, provide details.

9. Does the applicant firm have a policy regarding the filing of a lawsuit to collect fees?  Yes  No

Within the past two years, has the applicant sued to collect fees?  Yes  No

10. a. Are all financial statements and reports personally signed by a principal of the firm?  Yes  No

b. Does the firm maintain a system to assure timely completion of reports, filings and tax returns?  Yes  No

c. Has the firm undergone a peer or quality review in the past three years?  Yes  No

**If yes**, date of last review: \_\_\_\_\_

Result:  Unqualified/Modified  Qualified/Modified

**If qualified**, attach a copy of the report as well as response and corrections to noted deficiencies.

I/We hereby declare that the above statements and declarations are true and that I/we have not suppressed or misstated any material facts. I/we agree that any misrepresentation or misstatement of material facts may void coverage under this insurance. I/we agree that this application shall be the basis of the contract with the company and that coverage, if written, will be provided on a claims made basis. It is understood and agreed that completion of this application does not bind the company to provide coverage or the applicant to purchase the insurance.

**Application must be signed and dated by a principal of the firm to be considered for quotation.**

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Date

Typed or printed name: \_\_\_\_\_

Title: \_\_\_\_\_