



**ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE
COVERAGE APPLICATION FORM
“CLAIMS-MADE” POLICY**

**FINANCIAL INSTITUTIONS SUPPLEMENTAL APPLICATION
FORM**

Please complete for each financial institution that the Applicant has provided any professional services to or where any member of the Applicant has served as an officer, director, or committee member.

- 1. Name of the Financial Institution: _____
- 2. Location (City and State): _____
- 3. Nature of services provided: _____

- 4. Dates when services were provided: _____
- 5. Does the Applicant have a written policy that prohibits any of its members from acting as an officer, director, or committee member of a financial institution that is also a client? Yes No
- 6. Does the Applicant have a written policy prohibiting any of its members from holding a financial interest in any financial institution that is also a client? Yes No

7. Does the Applicant have a written policy that prohibits its members from recommending its client financial institutions to other firm clients? Yes No

If necessary, please provide additional narrative on a separate sheet of paper.