



ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE
COVERAGE APPLICATION FORM
"CLAIMS-MADE" POLICY

OUTSIDE INTEREST SUPPLEMENTAL APPLICATION

Please complete for each current or past member of the firm who has served or is currently serving as a director, officer, partner, or employee of any past or present client.

- 1. Name of client:
2. Nature of outside interest:
3. Date that outside interest commenced:
4. Amount of compensation:
5. Amount of equity interest, if any:
6. Please describe the policies, procedures, and/or safeguards in place to ensure avoidance of any potential conflicts of interest:

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