

Applicant Information

Applicant Firm Name: _____	Contact Person: _____
Street Address: _____	City: _____ ST: _____ Zip: _____
Phone: _____	Fax: _____
Email: _____	Website: _____
How did you hear about us: _____	Have you spoken with a Lockton Affinity broker? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____

Underwriting Information

Applicant Firm's Gross Annual Revenue: _____	Last Fiscal Year: _____	Current Fiscal Year Estimate: _____
Total Staff: _____	CPAS: _____	Non CPA Professionals: _____
		Support / Admin: _____

Areas of Practice	%	Engagement Letters	Areas of Practice	%	Engagement Letters
SEC Audit: Public Companies	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	Litigation Support	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
Audit: Other	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	Management Advisory Services**	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
Review	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	Assurance Services**	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
Compilation	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	Financial Planning	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
Bookkeeping	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	Asset Management	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
Individual Tax	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	Computer Consulting	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
Business Tax	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	Business Valuation	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
Estate Tax	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	Other**	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
ERISA	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	Total	100	

** Please Describe: _____

Within the past 5 years:

1. How many firm members have attended a loss control seminar: _____
2. Has the applicant firm received a successful/un-qualified peer review? Yes No Review Date: _____
3. Has any member of the applicant firm had their license revoked or been subject to any disciplinary action, investigation or inquiry by any regulatory agency or professional association? Yes No
4. Has any member of the applicant firm performed services or consented to the use of its work product in connection with any public or private offerings of securities? Yes No
5. Has the applicant firm provided any tax advice; organized, sold or prepared any sales material with respect to tax shelters or other tax advantaged "reportable transactions" as defined in treasury reg. Sec 1.60011-4(b)? Yes No
6. Does any member of the applicant firm have discretionary authority to invest client funds? Yes No
7. During the past (3) years, other than in connection with activities as a receiver or trustee in bankruptcy, have you performed attest services for any of your business clients that have declared bankruptcy? Yes No
8. During the past five (5) years, has any claim been made or suit brought against you or any owners, partners, officers, directors, employees or independent contractors? Yes No

Current E&O Insurance Information

Carrier: _____	Expiration Date: _____	Retroactive Date: _____
Limits: _____	Deductible: _____	
Per Claim Amount: _____	Aggregate Amount: _____	
Claim Expenses Paid: <input type="checkbox"/> Within the Limits (Inside) <input type="checkbox"/> In addition to Limits (Outside)		Premium: _____