

# SUPPLEMENTARY APPLICATION

## Errors & Omissions/Professional Liability Insurance

### Accountants/Bookkeepers

THIS SUPPLEMENTARY APPLICATION SHALL FORM PART OF ANY ERRORS & OMISSIONS OR PROFESSIONAL LIABILITY POLICY WHICH MAY BE ISSUED BY ROYAL & SUN ALLIANCE INSURANCE COMPANY OF CANADA TO THE PROPOSED APPLICANT.

#### 1. THE APPLICANT

Name of Applicant: \_\_\_\_\_

#### 2. OPERATIONS

**A.** Please indicate the approximate percentage of last year's revenue derived from:

a) Bookkeeping services	_____	%
b) Audit engagements	_____	%
c) Review engagements	_____	%
d) Non-review preparation of financial statements	_____	%
e) Tax return preparation:	_____	%
Personal:	%	
Corporate:	%	
f) Estate planning	_____	%
g) Liquidation or receivership	_____	%
h) Mergers/Acquisitions/Divestitures	_____	%
i) Business Valuations	_____	%
j) Investment Management	_____	%
k) Investment Management	_____	%
l) Management consulting	_____	%
m) Estate Planning	_____	%

**B.** Financial Interests: If "Yes" please provide details

a) Does the applicant have financial interest in any client?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
b) Do any clients have a financial interest in the Applicant's firm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
c) Does the Applicant enter into "Joint Ventures" with clients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
d) Does the Applicant enter into "Joint Ventures" with other firms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

#### 3. SIGNATURE

Date: \_\_\_\_\_ \* Signed: \_\_\_\_\_

Corporation: \_\_\_\_\_ Name & Title (please print): \_\_\_\_\_

**\*Please Note: The application must be signed by a Principal, Partner or Executive Officer**