

1. Please indicate the number of personnel in the Firm (PT/FT):

- a. Owners, Partners or Officers: _____
- b. Number of the above that are CPAs: _____
- c. Employed CPAs (Other than above): _____
- d. Other Accounting/Tax Professionals: _____
- e. Support Staff: _____

2. Please provide gross revenue for:

- 2015: \$ _____
- 2014: \$ _____
- 2013: \$ _____

SERVICE AREA	% OF REVENUE	SERVICE AREA	% OF REVENUE
Business Tax:	_____ %	Review:	_____ %
Estate Tax:	_____ %	Compilation:	_____ %
Individual Tax:	_____ %	General Business Advice:	_____ %
Bookkeeping:	_____ %	Investment/Financial Planning:	_____ %
Audit(Non-Public):	_____ %	Other*:	_____ %
		*Please Describe: _____	

- 3. Does the firm perform audit work for any banks/lending institutions or insurance companies? Yes No
- 4. During each of the last three(3) years has any client of the firm represented more than 25% of the firm's revenue? Yes No
- 5. Does the firm currently carry accountants professional liability insurance? Yes No

If yes, provide information for the below areas (please provide a copy of current declarations page):

Insurance Company (Not Broker): _____ **Policy Expiration Date:** ___/___/_____

Limits of Liability: \$ _____ / _____ **Deductible:** \$ _____

Premium: \$ _____ **Prior Acts Date (Retroactive Date):** ___/___/_____

- 6. Does the firm obtain a signed engagement letter or written agreement updated annually outlining the services the firm will perform for each of the firms' clients? Yes No
- 7. Has any member of the firm attended a Risk Management Seminar in the last three (3) Years? Yes No
- 8. Has the Firm or its predecessors within the last five (5) years or does the Firm have definitive plans to:
 - A. Perform(ed) Audits for SEC --- regulated entities other than for broker/dealers? Yes No
 - B. Received commissions, referral fees, reciprocity or other inducements arising from the sale, promotion or recommendation of securities, insurance policies, real estate or other investments? Yes No
 - C. Perform(ed) services or consented to the use of your work product in connection with public or private offerings of Security, Real Estate or other Investments? Yes No
- 9. After inquiry of all owners, partners, officers and other professional staff of the firm, within the past five (5) years have any past or present personnel:
 - A. Been subject of any regulatory investigation or inquiry; suspended from practice; or charged, indicted pled No Contest (*Nolo Contendere*), pled guilty or been convicted of any felony charge? Yes No
 - B. Know of any professional liability claims made against the Applicant, its affiliates or its personnel? Yes No
 - C. Become aware of any act, error or omission of fee dispute which might become the basis of a claim against the Applicant or its personnel? Yes No

10. Within the past five(5) years has the firm or their personnel been declined, canceled or non-renewed for professional liability insurance for any reason? (not applicable in Missouri) Yes No
11. Within the past five (5) years, has your Firm instituted suit to collect fees, including in small claims court? Yes No
 If yes, how many _____?
12. Does your policy exclude coverage for any predecessor firms, firm affiliates or other circumstances? Yes No
13. Does your firm or any owners, partners or officers render services [r conduct any business activities under a separate entity's name which require a professional license or professional designation? Yes No
14. Has the firm, its personnel or its predecessor within the past five (5) years or does the firm have definitive plan to:
- A. Orgainze(d), promote(d) or refer(red) others to invest in investment ventures? Yes No
 - B. Provide services to investment funds, hedge funds, mutual funds or syndication managers? Yes No
 - C. Render(ed) services, other than tax services, for any client in which Firm personnel or a relative of Firm personnel owned or received an equity interest in excess of 10%? Yes No
 - D. Provide management services to investment ventures? Yes No
15. Within the past ten (10) years has your Firm merged with or acquired the business of any sole practitioner, accounting firm or other business entity? Yes No
 If yes, are you covering their prior acts? Yes No
16. Does the firm control or disburse client funds outside of bookkeeping or payroll services? Yes No
17. Has the firm or its predecessor firms within the past five (5) years, arranged debt or equity financing, acted as a business broker, underwritten the offering of public or private securities or prepared fairness opinions? Yes No
18. Has the firm, its predecessor firms within the past five (5) years, invest in any non-public venture in which a client has also invested? Yes No
19. Has the firm, its personnel or its predecessor firms within the past five (5) years, served as trustee, co-trustee, executor, administrator or personal representative for any client? Yes No
20. Has your firm or its personnel served as officer, director, partner, manager or other member of a client's governing body? Yes No

Contact Information:

Firm Name: _____

Contact Name: _____

Telephone: _____

E-Mail: _____

If you prefer to fax the document, please fax to: 630-799-1796
Please visit our website for more information @ www.protexure.com

