

National Casualty Company

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Madison, Wisconsin
Administrative Office
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SEC/PUBLIC CLIENT SUPPLEMENTAL APPLICATION

(To be completed in conjunction with the Accountants Professional Liability Insurance Policy Application)

This supplemental application must be completed by any firm which provides **Professional Services**: (a) in connection with the registration, sale or offering of securities for clients; or (b) to publicly-traded clients.

All Questions Must be Fully Answered

Name of Applicant: _____

General Information

1. Is the applicant a member of the AICPA Firm Securities Practice Section? Yes No
2. Is the applicant a member of the AICPA Public Companies Practice Section? Yes No
3. Date of last Peer Review: ____/____/____ Was the review unqualified? Yes No
If "No," you must provide a copy of the Peer Review, and describe on a separate sheet of paper, the steps initiated to correct the situation.
4. Does the Applicant maintain a reference library which includes accounting legislation material pertaining to all fields in which the Applicant performs securities services? Yes No

Risk Management

A. Client Identification and Evaluation

1. Does the Applicant utilize a formal client evaluation procedure for clients that retain the Applicant in connection with any securities matter or public audit engagement? Yes No
2. Does the Applicant use an engagement letter with each new client that retains the Application in connection with any securities matter or public audit engagement? Yes No
3. Does the Applicant utilize a client retention review procedure, each year, for clients that retain the Applicant in connection with any securities matter or any public audit engagement? Yes No
4. Does the Applicant have a written procedure which requires an annual review to determine if its independence is impaired with respect to each of its clients that retain the Applicant in connection with any securities or any public audit engagement? Yes No
If "No" to any of the above questions, please attach a full explanation on a separate sheet of paper.

B. Potential Conflicts

1. Does the Applicant have a policy which prohibits an accountant with an investment in a client or who serves as the director, officer or general or limited partner of a client from working on a securities matter or public audit engagement for such client? Yes No
2. Does the Applicant have a policy which prohibits its accountants and staff from participating in the securities selling process (e.g. prohibiting participation in marketing meetings or calls involving prospective investors)? Yes No
3. Does the Applicant have a procedure to prevent the improper use of material inside information and/or the tipping of such information by its accountant and staff? Yes No

4. Does the Applicant have a policy prohibiting any arrangement where a securities client pays for the Applicant's services with client securities? Yes No

If "No" to any of the above questions, please attach a full explanation on a separate sheet of paper.

Security Exchange Commission Practices (SEC) (If applicable)

1. Complete the following table with respect to the issuance or sale of securities, including: public offerings (PO), private placements (PP), syndications (S), municipal financing (M), tender offers (TO), and exchange offers (XO), for which the Applicant firm rendered accounting services during the past twenty-four (24) months, or accounting services, for which a filing is expected to be made within the next ninety (90) days. If other (O), please explain.

| Name of Client | Date of Issuance | Type of Offering (above) | Gross Proceeds of Offering | Date of Incorporation/Formation | Type of Business | Any Applicant with Investment Interest (I) or Directorship (D) | | Tenure of Client |
|----------------|------------------|--------------------------|----------------------------|---------------------------------|------------------|--|-----|------------------|
| | | | | | | Name of Applicant | I/D | |
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2. Does the Applicant utilize a second-partner (or manager) review on matters governed by the Securities Law? Yes No

If "No," please explain below, using a separate sheet of paper if needed:

3. Does the Applicant use management letter on matters governed by the securities law?..... Yes No

If "No," please explain below, using a separate sheet of paper if needed:

4. Complete the following table for all CPAs engaged in SEC Practice:

| Name of CPA | Years of Accounting Experience | CPE Credits Past Three (3) Years | SEC CPE Credits Past Three (3) Years | Prior Experience With Regulatory Agency | Professional Society Committee Service |
|-------------|--------------------------------|----------------------------------|--------------------------------------|---|--|
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5. How many hours does the applicant require its securities accountants to participate in continuing professional education seminars on securities developments each year? _____

Public Audit Practices (If applicable)

Complete the following table with respect to each Public Audit client:

| Name of Client | Current Client Sales & Earnings | Client Industry | Date of Client Incorporation/ Formation | How Long A Client | Firm's Annual Fees From Client |
|----------------|---------------------------------|-----------------|---|-------------------|--------------------------------|
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1. Do each of the above named clients have an audit committee? Yes No
If "No," please explain, using a separate sheet of paper if needed:

2. Have any of the above named clients changed auditors in the past five (5) years? Yes No
If "Yes," please explain, using a separate sheet of paper if needed:

3. Does the Applicant utilize a second-partner (or manager) review on public audit engagements? Yes No
If "No," please explain, using a separate sheet of paper if needed:

4. Does the Applicant utilize a customized audit plan on public audits governed by the securities laws? Yes No

FRAUD WARNING: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

I/We hereby declare that the above statements and particulars are true and I/We agree that this supplemental application shall become a part of the applicant's professional liability application and is subject to the same representations and conditions.

Applicant Signature: _____ Date: _____
 Signature of Officer/Director/Partner or Owner

Print Name: _____ Title: _____

Producer: _____

Agent's Name: _____ Agent's License Number: _____

(Applicable to Florida agents only.)