

National Casualty Company

Madison, Wisconsin

Property/Casualty Home Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

Accountants Professional Liability Non-Public Audit Client Supplemental Application

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

Name of Applicant: _____

You must complete this Supplemental Application if audit engagements are performed for non-public company clients or, if you performed audit engagements for non-public company clients in the past year.

1. Please identify industries of clients served, the number of audits performed, estimated percentage of total audit fees, number of clients with assets over \$5,000,000 and the number of clients with net losses for the last fiscal year end:

Client Industry	Number of Audits	Estimated Percentage of Total Audit Fees	Number of Clients with Assets over \$5,000,000	Number of Clients with Net Loss for Last Fiscal Year End
<input type="checkbox"/> Agribusiness		%		
<input type="checkbox"/> Airlines		%		
<input type="checkbox"/> Automobile/Vehicle Dealers/Rental		%		
<input type="checkbox"/> Benefit Plan		%		
<input type="checkbox"/> Broker Dealers (If any, please complete the Financial Institution Supplemental Application)		%		
<input type="checkbox"/> Casinos		%		
<input type="checkbox"/> Construction		%		
<input type="checkbox"/> Entertainment/Sports		%		
<input type="checkbox"/> Financial Institutions (If any, please complete the Financial Institution Supplemental Application)		%		
<input type="checkbox"/> Government/Municipality		%		
<input type="checkbox"/> Health Care Institutions		%		
<input type="checkbox"/> Investment Companies		%		
<input type="checkbox"/> Insurance Companies (If any, please complete the Financial Institution Supplemental Application)		%		
<input type="checkbox"/> Manufacturing		%		
<input type="checkbox"/> Mass Media		%		
<input type="checkbox"/> Mining/Oil and Gas		%		
<input type="checkbox"/> Not For Profits		%		
<input type="checkbox"/> Professionals—Health Care		%		
<input type="checkbox"/> Professionals—Non Health Care		%		
<input type="checkbox"/> Real Estate		%		

NOTICE TO FLORIDA APPLICANTS:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

SIGNATURE AND AUTHORIZATION

This Supplemental Application must be signed and dated by a Principal or Officer of the Applicant Firm. Signing this Supplemental Application will not bind nor obligate the Company to complete this insurance, but it is agreed the applicant's responses to the questions contained in this Supplemental Application, as well as all attachments, are material and the underwriting Company will rely on these responses and information in the event a policy is issued.

Applicant Signature: _____ Date: _____
(Signature of Authorized Officer/Partner or Owner)

Print Applicant's Name: _____ Title: _____

Producer's Name: _____

Agent Name: _____ Agent License Number: _____
(Applicable to Florida Agents Only)

Iowa Licensed Agent: _____
(Applicable to Iowa Agents Only)

Producer's Signature: _____ Date: _____
(Applicable to New Hampshire Producers Only)