



**Accountants PROtectSM
Elder Care Supplemental Application**

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **COLONY INSURANCE COMPANY**, **COLONY SPECIALTY INSURANCE COMPANY** OR **PELEUS INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER OR **ARGONAUT INSURANCE COMPANY**, A LICENSED INSURER.

INSTRUCTIONS –

- Answer all questions. The information provided herein is considered material to our underwriting and pricing decision for the policy or additional coverage under consideration at the time this supplemental application is submitted.
- For any information that exceeds the space provided, continue responses on your letterhead.
- This form must be completed, dated and signed by an authorized officer of the Applicant to include this completed form as part of the Application.

1. Name of Applicant:

2. Provide gross annual revenues on an accrual basis earned by the Firm for the prior fiscal year from providing assurances as to the care received by an individual or consult with clients on care options or provide assistance with daily activities (sometimes referred to as Elder Care Services).

Current Fiscal Year (Est.)	Last Fiscal Year	Entity's Revenue for Last Fiscal Year

3. Was this revenue included in the revenues reported on the application? Yes No

4. Who is responsible for providing elder care services?

5. Indicate which services were provided by any Firm member or affiliate over the last five (5) years (use check box in chart to indicate). Estimate the percentage of revenue earned for the last fiscal year from professional services in the following areas:

Type of Product or Service <i>Check all services provided within the last five (5) years</i>	Percentage of Last Fiscal Year's Revenues	Discretionary Asset Management or Discretionary Authority (Y/N) (where applicable)
Consulting Services		
<input type="checkbox"/> Financial Planning for care costs		
<input type="checkbox"/> Assessment of community services and care options available		
<input type="checkbox"/> Other Consulting *		
Assurance Services		
<input type="checkbox"/> Review of financial transactions for monthly expenses incurred by elder client		
<input type="checkbox"/> Inspection of care logs and caregiver facilities		
<input type="checkbox"/> Review of investments and assets of elder client		

Type of Product or Service <i>Check all services provided within the last five (5) years</i>	Percentage of Last Fiscal Year's Revenues	Discretionary Asset Management or Discretionary Authority (Y/N) (where applicable)
Direct Services		
<input type="checkbox"/> Bill pay, arrange for home maintenance, and transportation needs		
<input type="checkbox"/> Arrange for daily care of elder client		
<input type="checkbox"/> Arrange for medical care of elder client		
<input type="checkbox"/> Supervise Investments and property of elder client		
<input type="checkbox"/> Serve as guardian or conservator		
<input type="checkbox"/> Other Direct Services *		
*Other (describe):		

6. Please describe the risk management procedures your Firm uses to assess the ability of your elder clients to make sound personal, financial, and medical decisions.

7. Please describe the risk management procedures your Firm uses to prevent any allegations of elderly abuse.

8. Do you require a pre-appointed third party to be involved if the client becomes mentally incompetent? Yes No
If "No", what procedures do you have in place to mitigate allegations of fraud or abuse?

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE