



**Accountants PROtectSM
Financial Institutions 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. List all financial institutions which have been clients of the firm or firm predecessors in the last five (5) years. Attach additional sheets if needed.

Client Name	Type of Institution	Location	Type of Professional Services provided *	Date of Services	Opinion of going concern?	Current Client?	Engagement Letter used?
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Provide a listing of the accountants who provide service to this client, including number of years of experience and continuing education in the relevant area of practice.

Client Name	Accountant Name	Number of Years of Experience	Continuing Education in the Relevant Area of Practice

4. Within the last five (5) years, have current or former personnel of the firm or predecessor firms: Yes No
- a. acted as a director or officer, or served on an internal committee or;
 - b. held an equity interest or;
 - c. the firm has or had a credit line or loan with a Financial Institution which is or was a client?
- If "Yes" in any of above, provide the following:

Client Name	Dollar Value	Name of Firm Member	Going Concern Reference
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Add on a separate sheet if additional space is needed

5. Has the financial institution ever operated under regulatory direction or agreement, been placed in receivership, conservatorship or bankruptcy? Yes No

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE