



Philadelphia Insurance Companies
 One Bank Plaza, Suite 100, Bank City, Pennsylvania 19004
 800 873 4552

ACCOUNTANTS' PROFESSIONAL LIABILITY INSURANCE APPLICATION
FINANCIAL INSTITUTION SUPPLEMENT
Supplement #4

Please complete this Supplement if you answered "Yes" to question 9 of the Application. If you answer "Yes" to question 2 of this Supplement, please copy this form and fill out a separate form for each engagement. If space is insufficient to answer any question completely, attach a separate sheet.

1. Full name of Applicant Firm: _____

2. Complete the following if your firm has performed audits and/or directors examinations for Depository Institutions insured by the FDIC, NCUA (credit unions) or State Insurance Funds within the past five years.

NAME AND LOCATION	TYPE OF INSTITUTION	YEAR AND TYPE OF ENGAGEMENT	EQUITY/ASSET RATIO AS OF THE LAST QUARTER	ACCOUNTING FEES FROM SAID ENGAGEMENT

3. Has any member (or former member) of your firm:
- a. Had unsecured loan commitments with the above institution(s)? Yes No
 If Yes, please attach an explanation.
 - b. Held stock or other financial interest in the above institution(s)? Yes No
 If Yes, what is the equity percentage? _____ %
 - c. Acted as a director or officer of the above institution(s)? Yes No
 - d. Been a member of the following internal committees of the above institution(s)?
 - Executive Committee Yes No
 - Loan Policy Committee Yes No
 - Audit Committee Yes No
 - Other (Describe) _____ Yes No
4. Does your firm have a policy prohibiting any member from acting as a director or officer of a financial institution which is also a client of the firm? Yes No
 If No, please attach an explanation.

I understand information submitted herein becomes a part of my Philadelphia Insurance Companies Accountants' Professional Liability Application and is subject to the same conditions as stated on page 2 of the application.

 Signature Title Date

(This Application must be signed by an Owner, Partner or Principal of the Firm)

4a. Has your firm performed **Audits of Publicly Held** companies in the last three years? Yes No
If Yes, also complete the SEC Supplement #3.

If Yes, list number of audits performed: _____
and industry type: _____

4b. Were any of the aforementioned audits subsequently used in an Initial Public Offering? Yes No
If Yes, please provide an explanation. _____

5. During the last three years, did any of your **government entity audit clients invest in Derivative Securities**?
 Yes No If Yes, please provide an explanation. _____

6. Does your firm apply generally accepted auditing standards to all audit engagements? Yes No
If No, please attach explanation. _____

7. Does your firm have and use the applicable AICPA industry audit guides? Yes No

8. Please describe your firm's continuing education requirements for your CPAs who undertake audit engagements:

9. What is the source of your audit programs? (PPC, AICPA) _____

10. Does your firm use the AICPA Audit Risk Alerts? Yes No If No, please explain how you keep
current on the changing standard of care for your audit clients: _____

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Signature

Title

Date

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