



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

**ACCOUNTANTS' PROFESSIONAL LIABILITY INSURANCE APPLICATION**  
**SEC INFORMATION SUPPLEMENT**  
**Supplement #3**

Please complete this Supplement if you answered "Yes" to question 8 on the application. If space is insufficient to answer any question completely, attach a separate sheet.

1. Full name of Applicant Firm: \_\_\_\_\_

2. List the names of all accountants engaged in securities practice:

NAME	YEARS OF SEC EXP.	NAME	YEARS OF SEC EXP.

3. Gross income derived from securities practice:

Last fiscal year: \$ \_\_\_\_\_ Anticipated next fiscal year: \$ \_\_\_\_\_

4. List all securities offerings, private placements and limited partnerships involved with in the past five years:

YEAR	CLIENT	INDUSTRY	SIZE OF OFFERING	Primary (P) or Secondary (S)

5. Other than primary or secondary offerings, describe in detail any other work involving securities practice:

CLIENT	INDUSTRY	NUMBER OF SHAREHOLDERS	10K		10Q	
			YES	NO	YES	NO

Is your firm's work included in a 10K or 10Q report that another firm produces?  Yes  No If Yes, complete the following:

CLIENT	INDUSTRY	NUMBER OF SHAREHOLDERS	10K		10Q	
			YES	NO	YES	NO

6. Has the Applicant Firm (including any predecessor firms), or any past or present employees or partners of the applicant been subject to any disciplinary proceedings before the SEC or state securities authorities within the past ten years?  Yes  No If Yes, please provide an explanation. \_\_\_\_\_

7. Does your firm use engagement letters on all SEC engagements?  Yes  No
8. Does your firm have written client acceptance procedures?  
If Yes, please provide an explanation.  Yes  No
9. Do any of your SEC clients have a negative net worth?  
If Yes, please provide an explanation.  Yes  No
10. Has there been a change in the controlling ownership of the client company(ies)  
during the last fiscal year? If Yes, please provide an explanation.  Yes  No
11. Has there been a change in the executive management of the client company(ies)  
during the last fiscal year? If Yes, please provide an explanation.  Yes  No

**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.**

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Signature

Title

Date

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