1. Full name of the Applicant Firm:

One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004

Name of Insurance Company to which Application is made (herein called the "Insurer")

ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE APPLICATION SEC INFORMATION SUPPLEMENT

Supplement No. 3

Please complete this supplement if directed by the main-form application, or another supplement. If space is insufficient to answer any question completely, attach a separate sheet.

2.	List the names of all accou	t the names of all accountants engaged in the securities practice:						
	Name:			Years	of SEC ex	perience:		
	Name:			Years	of SEC ex	perience:		
	Name:			Years	of SEC ex	perience:		
	Name:			Years	of SEC ex	perience:		
3.	Gross income derived from	the securities practice:						
	Last fiscal year: \$	A	nticipated next fisc	al year:	\$			
4.	List all securities offerings,	ngs, private placements and limited partnerships involved within the past five (5) years:						
	Client:		Ind	ustry:				
	Year:	Primary or Secondary	:					
	Client:		Ind	ustry:				
	Year:	Primary or Secondary	:					
	Client:		Ind	ustry:				
	Year:	Primary or Secondary	:					
5.	Other than primary or second	ner than primary or secondary offerings, describe any other work involving securities practice:						
	Client:		Ind	ustry:				
	Number of shareholders:		10K :	Yes	No	10Q:	Yes	No
	Client:		Ind	ustry:				
	Number of shareholders:		10K :	Yes	No	10Q:	Yes	No
	Client:	ent: Industry:						
	Number of shareholders:		10K :	Yes	No	10Q:	Yes	No

5a	5a. Is your Firm's work included in a 10K or 10Q report that another Firm produces? Yes No						
	Client:	Industr	y:				
	Number of shareholders:	10K :	Yes	No	10Q:	Yes	No
	Client:	Industr	y:				
	Number of shareholders:	10K :	Yes	No	10Q:	Yes	No
	Client:	Industr	y:				
	Number of shareholders:	10K :	Yes	No	10Q:	Yes	No
6.	as the Applicant Firm (including any Predecessor Firms), or any past or present employees or partners of the pplicant Firm been subject to any disciplinary proceedings before the SEC or state securities authorities within e past ten (10) years? Yes No If yes, please provide an explanation.						
7.	Does your Firm use engagement letters on all SEC e	ngagements?				Yes	No
8.	Does your Firm have written client acceptance proced if yes, please provide an explanation.	dures?				Yes	No
9.	Do any of your SEC clients have a negative net worth If yes, please provide an explanation.	า?				Yes	No
10. Has there been a change in the controlling ownership of the client company(ies) during the last fiscal year? Yes No If yes, please provide an explanation.							
11	11. Has there been a change in the executive management of the client company(ies) during the last fiscal year? Yes No If yes, please provide an explanation.						
lι Ac ap	Inderstand information submitted herein becom countants Professional Liability Application and plication.	es a part of is subject to	my Phil the sar	adelphia ne cond	Insuranditions as	ce Comp stated o	anies n the
Na	me (Please Print)	Title (Must be I	Partner (or Office	r)		
Sig	nature	Date					

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.			
Signature	Date		