



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

**ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE APPLICATION – WYOMING
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.

1. Full name of the Applicant Firm:

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

Name:	Years of SEC experience:
Name:	Years of SEC experience:
Name:	Years of SEC experience:
Name:	Years of SEC experience:

3. Gross income derived from the securities practice:

Last fiscal year: \$	Anticipated next fiscal year: \$
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4. List all securities offerings, private placements and limited partnerships involved within the past five (5) years:

Client:	Primary or Secondary:	Industry:
Year:		
Client:	Primary or Secondary:	Industry:
Year:		
Client:	Primary or Secondary:	Industry:
Year:		

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

Client:	Industry:				
Number of shareholders:	10K:	Yes	No	10Q:	Yes No
Client:	Industry:				
Number of shareholders:	10K:	Yes	No	10Q:	Yes No
Client:	Industry:				
Number of shareholders:	10K:	Yes	No	10Q:	Yes No
a. Is your Firm's work included in a 10K or 10Q report that another Firm produces? Yes No					
Client:	Industry:				
Number of shareholders:	10K:	Yes	No	10Q:	Yes No
Client:	Industry:				
Number of shareholders:	10K:	Yes	No	10Q:	Yes No
Client:	Industry:				
Number of shareholders:	10K:	Yes	No	10Q:	Yes No

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|-----|---|-----|----|
| 6. | Has the Applicant Firm (including any Predecessor Firms), or any past or present employees or partners of the Applicant Firm been subject to any disciplinary proceedings before the SEC or state securities authorities within the past ten (10) years?
If yes, please provide an explanation: | Yes | No |
| 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 the application.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRINCIPAL, PARTNER, OR OFFICER)

SIGNATURE

DATE

ADDITIONAL INFORMATION

This section 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