



**ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE
FIDUCIARY AND TRUSTEE SUPPLEMENT**

**Return to: Bollinger, Inc.
400 Market Street, Suite 450
Philadelphia, PA 19106**

Please attach one form for each client for whom fiduciary or trustee services are performed. If space is insufficient to answer any question completely, please attach a separate sheet.

1. Name of client or trust: _____

2. Accounting services provided: _____

3. Date that services began: _____

4. Is a signed agreement or engagement letter in place specifying the duties and limitations of the services provided? Yes No

5. Amount of funds handled per year: _____

6. Does any member of the Applicant have sole authority to sign checks? Yes No
If "Yes", provide details of the nature of disbursements and any limitations on check-signing authority:

7. Does any member of the applicant have authority to invest client funds? Yes No
If "Yes", provide details of the types of investments and the extent of the Applicant's authority.

8. Is the Applicant bonded for handling of client funds? Yes No

9. Please describe the safeguards in place to ensure proper handling of client funds, including internal procedures used to prevent misappropriation and the nature of reports made to the client:

BY SIGNING THIS APPLICATION I HEREBY AUTHORIZE THE INSURANCE COMPANY TO USE THE INFORMATION CONTAINED IN THIS APPLICATION AND IN THEIR FILES FOR THE PURPOSE OF UNDERWRITING THIS INSURANCE. THE UNDERSIGNED IS AUTHORIZED BY AND ACTING ON BEHALF OF THE FIRM AND REPRESENTS THAT ALL STATEMENTS ARE TRUE, COMPLETE AND ACCURATE AND THAT THERE HAS BEEN NO SUPPRESSION OR MISSTATEMENT OF FACT AND AGREES THAT THIS APPLICATION SHALL BE THE BASIS OF COVERAGE.

THE APPLICANT AND FIRM ACCEPT NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS SUPPLEMENT THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE.

Print Name _____ Date _____

Signed _____ Title _____