



**ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE
SUPPLEMENTAL INFORMATION SHEET A:
PUBLIC CLIENT AND SEC SERVICES**

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

Name of Applicant _____

1. Has the Applicant **ever** provided services:
 - a) To a publicly held company? Yes No
 - b) Used in conjunction with or in the issuance, offering, or sale of securities? Yes No
 - c) To clients who are subject to SEC periodic reporting requirements or whose securities are registered with the SEC? Yes No
2. In the next 12 months, does the Applicant anticipate any services as described above? Yes No
If yes to any of the above, complete the following questions for each appropriate client. If space is insufficient to answer any question completely, please attach a separate sheet.

3. a) Client name: _____
- b) Client's business: _____

4. a) Time period of services provided: _____ (mo/yr) to _____ (mo/yr)

b) Describe all services provided: _____

c) Percentage of annual fees derived from this client: _____ %

d) Was an engagement letter used Yes No

5. With respect to the client listed in question 3, has any member (or former member) of the Applicant:

a) Acted as a director, officer, partner, employee or trustee? Yes No

If "Yes", describe function and the date of service:

b) Held stock or other financial interest? Yes No

If "Yes", describe the ownership arrangement and provide the dollar value:

6. Provide a listing of the accountants who provide service to this client, including number of years of SEC experience and continuing education in this area of practice.

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 _____