



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**  
**PUBLIC COMPANY AUDIT SUPPLEMENT**  
Supplement No. 5

1. Full name of Applicant Firm:

2. Please list below all public companies which your firm has performed auditing services for within the past five (5) years, with an entry for each annual engagement:

<u>Name</u>	<u>Stock Symbol</u>	<u>Audit Date</u>	<u>Going Concern</u>		<u>Type of Opinion</u>	
			<u>Issued</u>	<u>Yes / No</u>	<u>Rendered</u>	

2. Has your firm registered with the Public Company Accounting Oversight Board (PCAOB)?      Yes      No

3. Has your firm ever undergone a PCOAB investigation?      Yes      No  
**If yes, please use the separate page attached to the application to provide an explanation.**

4. Does your firm have written audit procedures as regards to public company audit?      Yes      No  
**If yes, please use the separate page attached to the application to provide an explanation.**

**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)

Title (**Must be Partner or Officer**)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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.**

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Signature

Date