

NEW HAMPSHIRE INSURANCE COMPANY
Administrative Offices: 175 Water Street 18th Floor, New York, NY 10038



CPA Protector Plan
Audit Client Supplemental Application

Florida

Public Audit Section – If no public company client work was performed, note not applicable (N/A) and proceed to the Non-public Audit Section within this supplement. Attach additional sheets as needed to fully complete all questions.

1. Summarize all audit, internal audit, attest, review, internal controls review, SOX compliance or consulting services which were performed within the past three years or for whom you are bidding or plan to bid to perform such services for any publicly held companies or their subsidiaries. Attach a separate sheet if necessary.

Services Performed	Number of Clients	Revenues

2. Who is responsible for overseeing public audit engagements?

Provide resumes of firm principals or managers in charge of services, marketing materials used to promote these services and sample engagement letters.

3. Is the firm a member of the Public Company Accounting Oversight Board (PCAOB)?
 Yes ___ No ___

4. Do you have internal written policies in place for the acceptance and continuance of public audit engagements? Yes ___ No ___

If yes, how does the firm monitor compliance with the guidelines? _____

5. Complete the following for all public companies or their subsidiaries for which audit and/or review services were performed within the past three years or for whom you are bidding or plan to bid to perform such services. Attach additional sheet(s) if necessary.

Client Name/former name *	Industry	Years in Business	Months as Client	Date of Last Audit Report	Type of report	Report finding **	CUSIP Number

declared or filed bankruptcy, defaulted on a debt obligation, became insolvent or the firm was named as a culpable party by a Bankruptcy Trustee? Yes ___ No ___

If yes, please complete the Client Insolvency Supplement

Non-Public Audit Services

1. Who is responsible for overseeing non-public audit services?

Provide resumes of firm principals or managers in charge of services, marketing materials used to promote these services and sample engagement letters.

2. Do you have internal written policies in place for the acceptance and continuance of non-public audit engagements? Yes ___ No ___

If yes, how does the firm monitor compliance with the guidelines? _____

3. Complete the following with respect to financial statement audits performed for non-public clients during the past year.

Client Industry	# of Audits	Estimated Audit Fees	Number of Clients with Assets >\$50M	Number of Clients with Net Loss for last FYE
Agribusiness				
Banks/Lending Institutions				
Broker/Dealers				
Construction				
Employee Benefit Plans 1. Subject to ERISA 2. Not subject to ERISA				
Entertainment Services				
Government Municipal				
Health Care Institutions				
Insurance Companies				
Investment Companies & Funds 1. Hedge funds 2. All others				
Manufacturing				
Mass Media				
Mining/Oil & Gas				
Mortgage Providers not FDIC				
Not for Profit				
Professionals – Healthcare				
Professionals – Non-healthcare				
Real Estate Development Mgmt				
Retail				
Service Providers - Other				
Transportation				
Tribal Entities				
Unions				
Vehicle - Sales/Rental				
Warehouse Distribution				
Web-based business				

Wholesale				
Other – please describe below				

Other description _____

4. Within the past three years have the firm, predecessor firms or personnel on behalf of the forgoing rendered audit, review or attest services for any non-publicly held clients that subsequently declared or filed bankruptcy, defaulted on a debt obligation, became insolvent or was named as a culpable party by a Bankruptcy Trustee?

Yes ___ No ___

If yes, please complete the Client Insolvency Supplement.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

The applicant understands the information submitted herein becomes a part of the applicant's application and is subject to the same representations and conditions.

Signature of Authorized Representative of the Firm

Date

Print Name

Title (must be signed by managing partner or managing executive of the Firm)

Attest _____

Producer / Agent : B&B Protector Plans, Inc. (dba Professional Services Plans)

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