



Professional Liability Renewal Information Update

Complete, sign and return within 30 days

This is an application for a "Claims Made and Reported" policy. The policy applies only to claims first made against the Insured and reported to the Company while the policy is in force and for professional services performed on or after the prior acts (or retroactive) date. The limit of liability available to pay damages or settlements shall be reduced by amounts incurred as "Claim Expenses," including fees and expenses incurred in the investigation, adjustment, and defense of a claim. The policy will be issued in reliance upon the statements in the application. Therefore, it is important that all questions be answered accurately.

I. CURRENT CONTACT INFORMATION (Please update any changes)

Contact Person: Karen Stearrett Policy No: DEL115040-3
Firm Name: Wheeler Wolfenden & Dwares PA
Primary Office Address: 4550 New Linden Hill Rd Ste 201, Wilmington, DE 19808
County: (of primary office address) New Castle
Mailing Address:
(provide if different from above)
Telephone No: (302) 254-8240 E-mail Address: kstearrett@wwd-cpa.com
Fax No: (302) 254-8244 Web Site: WWD-CPA.com

II. COVERAGE

Current Limits: \$1,000,000 Per Claim / \$3,000,000 Aggregate Current Deductible: \$20,000 Per Claim / \$20,000 Aggregate
Requested Limits: SAME AS CURRENT Requested Deductible: SAME AS CURRENT

III. CURRENT FIRM AND STAFF INFORMATION

1. Firm Staff (include contract and per diem employees who work 500 or more hours per year):

	CPAs	Non-CPAs
Owners, Partners, Officers	1	
All Other Accounting, Tax or Consulting Professionals	3	6
Administrative Staff		1
Total	4	7

2. List any change in proprietors, partners or stockholders in the last twelve (12) months (attach additional sheet if necessary):

Title (Mr./ Ms.)	Partner/Owner Name	Position	Professional Organization Memberships	Add Date	Delete Date	Date of CPA License	E-mail
MR.	CHRISTOPHER DANEY	DIRECTOR	AICPA/DFCPA		1/17/23	active in FL	unknown
MR.	DAVID M. WOLFENDEN	DIRECTOR	AICPA/DFCPA		2/21/23	expired	deceased

IV. GROSS REVENUE

3. Based on your Firm's fiscal year-end data, please provide the following gross revenue figures (accrual basis income):

Last Fiscal Year (2022): \$ 2,668,243	Current Fiscal Year (2023): (Estimated) \$ 2,153,955	Next Fiscal Year (2024): (Projected) \$ 2,200,000
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V. SCOPE OF PRACTICE

4. Approximately what percentage of the Firm's revenue is derived from the areas listed below?

Please indicate whether or not engagement letters are used for each service area listed below.

Service Area	% of Revenue	Engagement Letter Used
Tax		
• Business Tax	28.2 %	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Estate Tax	2.4 %	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Individual Tax	14.6 %	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Accounting/Bookkeeping		
• Accounting/Bookkeeping (includes payroll services)	3.9 %	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Financial Preparation (SSARS 21)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Consulting		
• Merger & Acquisition (Describe on Narrative Sheet p. 5)	0 %	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Computer Related Services (Complete Supplement S-3.4)*	0 %	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Litigation Support	0 %	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Management Consulting/ Business Planning (Describe on Narrative Sheet p. 5)	0 %	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Projections & Forecasts	0 %	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Valuations	0 %	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Other (Describe on Narrative Sheet p. 5)	0 %	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attestation		
• Audit (Complete Audit Services Table p. 4)		
– Non Public	36.4 %	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
– Public	0 %	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Agreed Upon Procedures	1.7 %	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Review	9.2 %	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Compilation	4.6 %	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Service Area	% of Revenue	Engagement Letter Used
Special Services		
• Client Funds Controlled (includes Bill Pay services, Business Management and Family Office Services) (Complete the Funds Controlled Renewal Supplement on page 1 of the renewal supplements.)	0 %	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Non-Trustee Fiduciary or Administrative Responsibility – ERISA, Pension & Benefit Plans, ESOPs, Ins. Co.'s, Hedge Funds, other Investment Co.'s (Describe on Narrative Sheet p. 5)	0 %	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Executor/Trustee/Receiver (Complete Section VIII, p. 4)	0 %	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Investment /Financial Planning (Complete Supplement S-5)*	0 %	<input type="checkbox"/> Yes <input type="checkbox"/> No
• SEC-Section 404 Services	0 %	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		
• Other (Describe on Narrative Sheet p. 5)	0 %	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total must add to		100%

5. Percentage of revenue from your largest client, including related entities: 8.52%

For those representing 50% or more of the Firm's revenue, please list: client name, client industry, services performed, length of time as a client, and describe how the Firm maintains its independence on the Narrative Response Sheet on page 5 of this application.

6. a. Provide the date of your most recent peer or quality review: 4/30/21 ☐ Onsite ☒ Offsite (COVID)
b. Was the review unmodified/pass with no deficiencies? ☒ Yes ☐ No

If "No", please provide a copy of the letter of comments, your Firm's response and committee acceptance letter.

7. Are any material changes anticipated in the organization of the Firm, including but not limited to:

a. Mergers / Acquisitions (If "Yes", please complete S-2.1 Merged or Acquired supplement)

☐ Yes ☒ No

b. Created or added a new service division, subsidiary or affiliate (If "Yes", please complete S-2.2 Separate Entity supplement)

☐ Yes ☒ No

8. Has the Firm, its predecessors or affiliates, within the past five (5) years received commissions or fees?

a. Investment / Financial Planning

☐ Yes ☒ No

b. Insurance products

☐ Yes ☒ No

If "Yes", please complete S-5 Investment/Financial Planning supplement)

9. Has the Firm, its predecessors or affiliates, within the past five (5) years performed services other than tax services for hedge funds, and other unregistered investment products? (Not including private syndicates involving small groups of experienced investors.)

☐ Yes ☒ No

If "Yes", complete the Unregistered Investment Vehicle Renewal Supplement (S-5.1).*

10. Does any Firm member provide Temporary or Interim CFO services with management decisions? ☐ Yes ☒ No
If "Yes", please complete the Temporary or Interim CFO Supplement (S-13).*

VI. In the Past Year have you provided any of the services below that have NOT been reported to CAMICO:

11. a. Obtained a professional license other than a CPA License? ☐ Yes ☒ No
If "Yes", please complete the Professional License Renewal Supplement on page 1 of the renewal supplements.
- b. Submitted bids on any new engagements to perform audit, review or consulting services for a publicly-held entity, its subsidiaries or employee benefit plans? ☐ Yes ☒ No
1. Provide # of SEC clients for current year _____
If "Yes", please complete the SEC Supplement (S-8.1).*
- c. Submitted bids on any engagements to perform services including audit, review or consulting for Financial Institutions. ☐ Yes ☒ No
If "Yes", please complete the Financial Institution Supplement (S-8.2).*
- d. Added or made changes to previously reported computer consulting services? ☐ Yes ☒ No
If "Yes", please complete the Computer-Related Services Supplement (S-3.4).*
- e. Has any firm member been subject to any investigation, disciplinary action by a regulatory authority or been indicted or convicted of a felony charge? ☐ Yes ☒ No
If "Yes", please explain on the Narrative Response Sheet on page 5 of this application.
- f. Arranged debt or equity financing or acted as a business broker? ☐ Yes ☒ No
If "Yes", please explain on the Narrative Response Sheet on page 5 of this application.
- g. Held an equity interest in, managed or controlled a current or former client's entity? ☐ Yes ☒ No
If "Yes", please complete the Outside Activities Renewal Supplement on page 2 of the renewal supplements.
- h. Executor, trustee or receiver services with assets greater than \$500,000? ☐ Yes ☒ No
If "Yes", please complete Section VIII of the application for Executor/Trustee/Receiver or the Funds Controlled Renewal Supplement on page 1 of the renewal supplements.
- i. Services for any clients in the marijuana industry? ☐ Yes ☒ No
If "Yes", on a separate sheet, please specify the percentage of revenues derived from services to such clients, indicate the number of clients and the type of business of each (e.g., grower, manufacturer, distributor), and describe the Firm's expertise in this area.
- j. Cybersecurity consulting services? ☐ Yes ☒ No
If "Yes", on a separate sheet, please specify the percentage of revenues derived from services to such clients and describe the Firm's expertise in this area.
12. Is the Firm, after inquiry of stockholders, partners and employees, currently aware of any incidents, circumstances, disputes, fee problems, or employee problems, which may result in any claim being made against the Firm, its predecessors, subsidiaries, affiliates or any partner, stockholder or employee? ☐ Yes ☒ No
If "Yes", please complete the Claim/Incident Renewal Supplement on page 2 of the renewal supplements.



***If you answered "Yes" to any of the questions above or if a new service area requires a supplement, please go to www.camico.com/applications to download the appropriate supplement(s). For assistance, call 1.800.652.1772.**

VII. AUDIT SERVICES (Must be completed for all audit services)

13. List both the number of clients and the percentage of **audit revenue** derived from the following businesses or industries for which the Firm provides audit services:

Industry	No. of Clients	Percentage of Revenue	Industry	No. of Clients	Percentage of Revenue
Manufacturing	2	7.38 %	Municipal Government		%
Retail		%	County Government		%
Wholesale/Distribution/Warehousing		%	School Districts		%
Construction	1	.65 %	Colleges & Universities		%
Mining/Oil & Gas		%	Hospital/Medical		%
Service	4	6.85 %	Unions		%
Real Estate Dev./Management		%	Tribal Entities		%
Insurance Companies		%	Not-for-Profit	38	64.24 %
Banks/Lending Institutions		%	Agribusiness		%
Mortgage Brokers		%	Broker Dealers		%
Employee Benefit /Welfare Plans	8	11.06 %	Other: (describe) FIDUCIARY	6	9.82 %
			Total		100%

VIII. EXECUTOR/TRUSTEE/RECEIVER (Estate/Trust/Receivership services)

N/A

14. Please complete for each Firm member serving in an executor, trustee, receiver, conservator or similar position.

Name	Number of years - experience in these capacities	Number of hours CPE completed that was related to these services in the last three (3) years

15. Does the Firm have procedures in place to ensure that all partners are aware of any Estate, Trust, Receivership or similar engagement prior to any Firm member's acceptance of a position as a Trustee, Executor, Receiver, Conservator or similar position?

☐ Yes ☐ No

16. Does the Firm have a written policy prohibiting?

- a. The use of Trust funds to invest in entities in which the Trustee, Firm, or related individual or entity is involved?
- b. The use of Trust funds as loans to the Trustee, owners or employees of the Firm or any Predecessor Firm or as loans to the Firm or any Predecessor Firm, itself?

☐ Yes ☐ No

☐ Yes ☐ No

If "No", to either a. or b., please explain on the Narrative Response Sheet on page 5 of this application.

17. a. Does the Firm have a policy requiring that any accounting services (bookkeeping, tax, etc.) performed under the name of the Firm be either performed or reviewed by a Firm member other than the executor, trustee or receiver?
- b. Are engagement letters required for such services?

☐ Yes ☐ No

☐ Yes ☐ No

18. Do all fees earned as executor, trustee or receiver inure to the benefit of the Firm?

☐ Yes ☐ No

If "No", please provide the names of any estates, trusts and receiverships for which such fees do not inure to the benefit of the Firm on the Narrative Response Sheet on page 5 of this application.

19. a. Complete for any new receiverships, funded trusts, and estates with assets of \$500,000 or more.
- b. Complete for all receiverships, funded trusts and estates with asset values greater than \$5,000,000 **and** for all receiverships, funded trusts and estates with asset values greater than \$1,000,000 for which a Firm member exercises discretionary investment authority as receiver, trustee or executor.

Estate/Trust Name	¹ Type	Executor/ Trustee Name(s)	Date Accepted	Asset value(\$)	Asset Composition	² Related to other listed estates or trusts	Number of Beneficiaries	³ Beneficiary Interest	Discretionary Investment Authority
						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, exercised authority <input type="checkbox"/> Yes, but don't exercise authority <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, exercised authority <input type="checkbox"/> Yes, but don't exercise authority <input type="checkbox"/> No

¹ E – Estate; P – Personal/Family Trusts; B – Business Trusts; C – Charities; F – Foundations; R – Real Estate; X – Receivership (Court Appointed); Z – Receivership (Other)

² If "Yes", indicate which listed trusts/estates are related to each other on the Narrative Response Sheet on page 6 of this application.

³ Check "Yes" if a Firm member or relative has any personal interest as heir or beneficiary of the trust or estate funds.

IX. ACKNOWLEDGEMENT OF REPORTED CLAIMS

20. To the knowledge of the Firm, after inquiry of owners/partners and employees, have any claims or suits involving malpractice been made against the Firm, a subsidiary or affiliate entity, any partner, stockholder and/or professional staff person during the past twelve (12) months that have not been previously reported to CAMICO?

☐ Yes ☒ No

If "Yes", please complete the Claim/Incident Renewal Supplement on page 2 of the renewal supplements.

X. NARRATIVE RESPONSE SHEET

[illegible]

XI. SIGNATURE

By signing this application, the undersigned authorized on behalf of all prospective Insureds, represents that he or she has made inquiries of all stockholders, partners and employees as appropriate and that all stockholders, partners and employees are bound by the representations made on this application, any supplemental application, and any supplemental data and documents provided.

IMPORTANT: CAMICO intends to rely upon your answers to questions in this application and any attached supplements in reaching its decision to offer coverage and/or to offer coverage excluding any described activities. Inaccurate responses to inquiries may result in a loss or denial of coverage for activities and/or a decision by CAMICO to cancel the entire policy. Your signature below acknowledges your understanding of this notice.

This application and all supplements and attachments are required for renewal of insurance and are part of any renewal policy which may be issued.

FRAUD WARNINGS – Residents of Alabama, Arkansas, Colorado, District of Columbia, Kansas, Kentucky, Louisiana, Maryland,

New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Virginia, Washington and West Virginia

Applicable in AL, AR, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only. **Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. **Applicable in DC:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. **Applicable in OK:** 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. **Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Applicable in KY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Applicable in TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. **Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Signature: Kath C

Date: 2/6/24

***CAMICO does not surcharge for calling the claims hotline, or for reporting an event or circumstances that might reasonably be expected to be the basis of a Claim. If you are aware of any such event or circumstances, please notify our Claims Department as soon as possible. Remember that expenses incurred by CAMICO on your behalf with respect to Potential Claims are not chargeable against the Deductible or against the Limit of Liability. Furthermore, by reporting such a Potential Claim during the Policy Period when you first become aware of the event or circumstances may result in a reduction of the applicable deductible if a Claim is subsequently made (Policy Section II.C.3.).**

Thank you for completing this form. Please verify that all sections are complete, updating Firm, contact and address information.

Please return by mail to: Underwriting Department

CAMICO Mutual Insurance Company

1800 Gateway Drive, Suite 200, San Mateo, CA 94404

Or by fax to:

800.227.2090

Or email a printed, signed, and scanned copy to applications@camico.com