



ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE QUOTE ESTIMATE FORM

FIRM INFORMATION

Legal Name of Firm _____ Tel # _____
 Contact Person _____ Fax # _____
 Email _____ Website _____
 Firm Street Address _____
 City _____ State _____ Zip _____
 Represented by a Broker? Yes No

AREAS OF PRACTICE

What percentage of your firm's total billable hours was devoted to your practice areas during the previous year?

- a. Administrator, Executor, or ERISA Trustee _____ %
- b. Audit: Non-Public _____ %
- c. Audit: Public _____ %
- d. Bankruptcy Trustee or Receiver _____ %
- e. Bookkeeping/Write ups/ Payroll Processing _____ %
- f. Business Valuations _____ %
- g. Compilations _____ %
- h. Consulting _____ %
- i. Data Processing Services _____ %
- j. Debenture Financing/Bonds _____ %
- k. Fiduciary - Non-Trustee _____ %
- l. Financial Advisory Services _____ %
- m. Forecasts and Projections _____ %
- n. Forensic Accounting _____ %
- o. Hardware/Software Consulting _____ %
- p. Hardware/Software Sales _____ %
- q. Limited Partnerships and Tax Sheltered Syndication _____ %
- r. Litigation Support _____ %
- s. Management Advisory Services _____ %
- t. Mergers and Acquisitions _____ %
- u. Reviews _____ %
- v. Securities including Federal and State Securities _____ %
- w. Securities: Other _____ %
- x. Tax: Business _____ %
- y. Tax: Estate _____ %
- z. Tax: Individual _____ %
- aa. Other _____ %
- ab. Enrolled Agent _____ %
- ac. Life & Health Insurance Agent _____ %
- ad. Registered Representative _____ %
- TOTAL** **100%**

ACCOUNTANT PERSONNEL DETAILS

Number of Owners, Partners, Officers: Full-Time _____ Part-Time _____
 Number of Employed CPAs (other than Owners, Partners, Officers) Full-Time _____ Part-Time _____
 Number of Other Accounting or Tax professionals whose time is billable to clients Full-Time _____ Part-Time _____
 Number of Support Staff Full-Time _____ Part-Time _____

RISK MANAGEMENT

Please provide the number of professionals who completed a risk management program within the past three years.

#: _____ Program Sponsor: _____ Seminar Date: _____

ENGAGEMENT

Does the applicant regularly use engagement letters? Yes No

CURRENT COVERAGE

Does your firm currently have coverage? Yes No

If your firm is currently covered, please tell us about your current Accountants Professional Liability coverage so we may give you the most accurate quote possible.

Requested Limits: _____ / _____ Deductible: _____

Prior Acts Date? _____ Policy Expiration Date: _____ Premium: _____

First Dollar Defense: Yes No Claims Expenses Outside Limits: Yes No

CLAIM INFORMATION

Please tell us about any claim against your firm in the last five years, if any. Attach additional pages if necessary.

Date of Claim: _____ Reserve Amount: \$ _____ Paid Amount: \$ _____

Status: Closed Incident Closed No Pay Open

PEER REVIEW

Has the applicant had a peer review in the last three years? Yes No

If so, what was the result? Pass Pass with Deficiencies Fail

If the result was "Pass with Deficiencies" or "Fail", provide a copy of the peer review and all subsequent correspondence.

ANNUAL REVENUES

Provide the total gross annual revenues for the applicant firm.

Last Fiscal year: FYE _____ \$ _____

Estimate for current year:

FYE _____ \$ _____

DISCIPLINARY ACTION

Has the applicant or any of its predecessors, any of its current employees/members, or any past employees/members been subject to sanctions within the last five years for conduct unbecoming to the profession of accountancy? Yes No

If yes, please provide details on a separate page.