

Accountants Professional Liability Insurance

For a quote/premium estimate, please complete the following information



Firm Information:

Firm Name: _____ Contact Name: _____
 Firm Address: _____ City: _____
 County: _____ State: _____ Zip: _____ Telephone Number: _____
 Fax Number: _____ E-mail: _____

Currently Insured? Yes No Carrier: _____ Premium: _____
 Prior Acts Date: ___/___/___ Expiration Date: ___/___/___ Firm Established: ___/___/___
 Limit of Liability: \$ _____
 Deductible: \$ _____ Per Claim Deductible Aggregate Deductible Loss only Deductible
 Number of Claims, open or closed within the past 3 years : _____

Staff Count

Practice Profile	#	# Full time/ Part time
CPA owners, partners or officers		
Non CPA owners, partners or officers		
Other CPAs		
Other Degreed Accountants		
Other Professional staff w/ billable time		
Staff not otherwise categorized		

Firm Revenues

Gross Annual Revenue	Fiscal Year End	Revenues
Second prior fiscal year		\$
Prior fiscal year		\$
Estimated current fiscal year		\$

Estimated Revenue Percentages Derived from Services Offered (Total should be 100%)

General Accounting Services	%	Consulting Services	%
Bookkeeping		Management Advisory Services	
Write up		Litigation Support	
Payroll Services		Business Investment Advise	
Other (attach description)		Valuations and Projections	
Tax Services	%	Special Services	%
Individual		ERISA	
Business		SEC Engagements other than Tax	
Estate/Trust		Fiduciary Services	
Attest Services	%	Executor/Trustee other than Tax	
Compilations		Personal Financial Planning	
Reviews		Forensic Accounting	
Public Entities Audit		Personal Business Management	
Non Public Entities for Profit audits (assets </ = to \$50M)		Elder Care	
Non Public Entities for Profit audits (assets > \$50M)		Forecasts and Projections	
Non-Profit Audit		Registered Investment Advisory	
Benefit Plan Audit		Real Estate Agent	
Governmental Audit		Life/health Insurance Agent	
Other Audit (attach description)			
Information Technology	%	Other Services (attach description)	%

Coverage Limit and Deductible

Limits Requested:

- \$500,000/\$500,000
 \$750,000/\$750,000
 \$1,000,000/\$1,000,000
 \$1,000,000/\$2,000,000
 \$1,000,000/\$3,000,000
 \$2,000,000/\$2,000,000
 \$3,000,000/\$3,000,000
 \$3,000,000/\$6,000,000
 \$4,000,000/\$4,000,000
 \$5,000,000/\$5,000,000
 Other _____

Deductible Requested: \$0
 \$1,000
 \$2,000
 \$3,000
 \$4,000
 \$5,000
 \$10,000
 \$15,000
 \$20,000
 \$25,000
 \$35,000
 \$50,000
 \$75,000
 \$100,000
 Other: _____