



Certified Public Accountant Professional Liability Insurance Specialists

Quick App!

For a preliminary premium estimate, please complete the following information and fax it back to us at (954) 563-1849. The premium indicated will be an estimate only and is not binding until an underwriter has reviewed a completed application and offers coverage.

Firm Information

Firm Name: _____ Contact Name: _____
 Firm Address: _____
 City: _____ County: _____ State: _____ Zip: _____
 Telephone Number: _____ Fax Number: _____ Email: _____
 Currently Insured? Yes No Carrier: _____ Premium: _____
 Prior Acts Date: ____/____/____ Firm Established: ____/____/____ Expiration Date: ____/____/____
 Limit of Liability: \$ _____ Deductible: \$ _____
 Annual Gross Revenue: Last: \$ _____ Current (est.): \$ _____ Next (projected): _____

Staff Count

Total Number of Owners/Partners		Number of Non-Owner CPAs		Number of Non-CPA Professional Employees		Number of Non-Professional Employees
CPA	Non-CPA	Full-Time	Part-Time	Full-Time	Part-Time	

Estimated Revenue Percentages Derived from Services Offered

Business Tax Preparation/Planning	%
Estate Tax Services	%
Individual Tax Services	%
Audit - Other	%
Audit - Public Companies (Indicate Number of SEC Regulated Clients: _____)	%
Review and Compilation	%
Bookkeeping/Write Up	%
Management Advisory Services	%
Computer Related Services	%
Consulting (Please circle the areas of service: Litigation Support, Business Investment, Projections/Forecasts)	%
Special Services (Please circle the areas of service: ERISA, Fiduciary, Executor/Trustee, Financial Planning, SEC, Personal Business Management, Assurance Services)	%
Other: (Describe briefly)	%
Number of claims - Open or closed within the past 3 years: _____ Total:	100%

Has the firm had a peer or quality review within the past 3 years? Yes No Unqualified results? Yes No

Coverage Limit and Deductible Check the appropriate box below for limits (higher limits may be available):

\$100,000 limit / \$1,000 deductible \$500,000 limit Other: \$ _____
 \$250,000 limit / \$2,500 deductible \$1,000,000 limit

Check the appropriate box below for deductible (higher or lower deductibles may be available):

\$5,000 \$7,500 \$10,000 \$25,000 Other: \$ _____

Upon completion fax to 954.563.1849