

# Accountants Professional Liability Insurance

Firm: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

When was the firm established: \_\_\_\_\_

Current Annual Fees: \$ \_\_\_\_\_

Previous Years Fees: \$ \_\_\_\_\_

Number of professionally qualified staff or staff with a four-year degree in accounting or related services:

	In Practice	Full- Time:	Part- Time*:
5+ Years	_____	_____	_____
4 Years	_____	_____	_____
3 Years	_____	_____	_____
2 Years	_____	_____	_____
1 Year	_____	_____	_____
<1 Year	_____	_____	_____
Total:	_____	_____	_____

(\* Average of 25 hours per week or less)

What is the current Prior Acts date (if applicable) on your policy: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (or Full Prior Acts Coverage)

Continuous insurance since: \_\_\_\_\_ Insurer: \_\_\_\_\_

Renewal: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Limit: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_

Separate Limit for Defense: Y / N

Approximately percentages of incomes received from the following activities for the last annual period:

Area of Practice Round to the nearest whole percent	%	Engagement Letters Used?	Area of Practice Round to the nearest whole percent	%	Engagement Letters Used?
* Public Company Audit		<input type="checkbox"/> Yes <input type="checkbox"/> No	* Securities Activities		<input type="checkbox"/> Yes <input type="checkbox"/> No
* Other Audits		<input type="checkbox"/> Yes <input type="checkbox"/> No	Forecasts / Projections		<input type="checkbox"/> Yes <input type="checkbox"/> No
** Other Attest / Assurance Svcs.		<input type="checkbox"/> Yes <input type="checkbox"/> No	** Consultation Services		<input type="checkbox"/> Yes <input type="checkbox"/> No
Review		<input type="checkbox"/> Yes <input type="checkbox"/> No	Business Valuations		<input type="checkbox"/> Yes <input type="checkbox"/> No
Compilation		<input type="checkbox"/> Yes <input type="checkbox"/> No	** Business Planning		<input type="checkbox"/> Yes <input type="checkbox"/> No
Bookkeeping & Write-up		<input type="checkbox"/> Yes <input type="checkbox"/> No	Information Technology		<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Tax		<input type="checkbox"/> Yes <input type="checkbox"/> No	Design / Develop Computer Hardware or Software		<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Tax		<input type="checkbox"/> Yes <input type="checkbox"/> No	Recommend / Sell / Train on Computer Hardware or Software		<input type="checkbox"/> Yes <input type="checkbox"/> No
Estate Tax		<input type="checkbox"/> Yes <input type="checkbox"/> No	Install / Modify / Maintain Computer Hardware or Software		<input type="checkbox"/> Yes <input type="checkbox"/> No
Litigation Support		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Personal Financial Planning & Investment Advisory Services		<input type="checkbox"/> Yes <input type="checkbox"/> No			
			TOTAL MUST EQUAL 100%		

**CLAIMS HISTORY (within the past five years):**

Date Claim(s) Reported      One: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Two: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Three: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Amount Paid, Including

    Defense Expenses (if closed)      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

    Reserve Amount (if open)      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Within the past 5 years:

Has the firm provided services to a client that is engaged in the issuance, offering, registration or sale of securities or bonds, or provided clients with forecasts or projections for inclusion in sales literature, etc. of any securities or bonds?       Yes       No

Has any member of the firm provided services or acted as a director / officer / committee member for any financial institution?       Yes       No

Has any member of the firm had an accounting license or authority to practice accounting revoked, or been subject to disciplinary action, fine reprimand, or criminal penalty related to performance of professional services?       Yes       No

\*\* Please include a copy of the Declarations Page of your current policy with this form \*\*

**For more information, please contact:    Andy Gastley    phone: (404) 575-1062    fax: (404) 575-1091**