

Accountant's Professional Liability Premium Indication Form

Fax back to 262.522.4010 or toll free to 866.502.4441

1

Firm _____ Contact Name _____
Street Address _____
City _____ State _____ County _____ Zip _____
Phone _____ Fax _____ Date firm was established _____
Email Address _____ Annual Billing Revenue \$ _____

2

PROFESSIONAL STAFF (Average of 25 hours per week or less is part time)

years at firm	full time CPA's	part time CPA's	full time Accts.	part time Accts.
5+	_____	_____	_____	_____
4	_____	_____	_____	_____
3	_____	_____	_____	_____
2	_____	_____	_____	_____
1	_____	_____	_____	_____
<1	_____	_____	_____	_____

Renewal Date ____ / ____ / ____
Current Insurer _____
Limits of Liability _____ / _____
Deductible _____ Expiring Premium _____
Does your current policy include a retroactive date? yes no
If yes, retroactive date ____ / ____ / ____

3

PLEASE PROVIDE YOUR APPROXIMATE PERCENTAGE OF BILLING REVENUE RECEIVED FROM THE FOLLOWING AREAS OF PRACTICE: (PLEASE EXPRESS IN WHOLE NUMBERS, **MUST EQUAL 100%**.)

% of billing revenue	area of practice	engagement letters?
_____ %	Audit: Public Companies	<input type="checkbox"/>
_____ %	Audit: Other/non public clients	<input type="checkbox"/>
_____ %	Review	<input type="checkbox"/>
_____ %	Compilation	<input type="checkbox"/>
_____ %	Bookkeeping	<input type="checkbox"/>
_____ %	Tax	<input type="checkbox"/>
_____ %	Business Valuation	<input type="checkbox"/>
_____ %	Computer Consulting	<input type="checkbox"/>
_____ %	Litigation Support	<input type="checkbox"/>
_____ %	Management Advisory Services	<input type="checkbox"/>
_____ %	Assurance Services	<input type="checkbox"/>
_____ %	Financial Planning	<input type="checkbox"/>
_____ %	Asset Management	<input type="checkbox"/>
_____ %	Sale of Mutual Funds	<input type="checkbox"/>
_____ %	SEC Related Services	<input type="checkbox"/>
_____ %	Other (describe): _____	<input type="checkbox"/>

4

Number of Fee Suits in the past three years? _____
Highest amount \$ _____
Lowest amount \$ _____
Number of Fee Suits still open? _____

5

IN THE PAST FIVE YEARS:

Has firm provided services to any clients that are engaged in the issuance, offering, registration or sale of securities or bonds; or does anyone in the firm provide 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

6

Have you had or reported any Professional Liability claims or incidents in the last five years?
 yes* no

**Contact Den Boer & Associates for Claim Supplement*

7

Has your firm undergone a peer or quality review? yes no
Date of Review ____ / ____ (month/year)
Unqualified? yes no

8

Please include a copy of current insurance declarations page & endorsements and sample letterhead.

Signature _____ Date ____ / ____ / ____