



# Professional Insurance Brokers, Inc.

## Accountants Quick Indication Form

1. Firm Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E mail: \_\_\_\_\_  
Date Established: \_\_\_\_\_ ☐ Full Time ☐ Part Time
2. Do you currently have Professional Liability Insurance? ☐ Yes ☐ No  
If Yes: Insurance Company: \_\_\_\_\_  
Retroactive Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Current Premium: \$ \_\_\_\_\_  
Policy Limit: \_\_\_\_\_ Deductible \_\_\_\_\_  
How many years have you had continuous coverage? \_\_\_\_\_
3. Percentage of income derived from the following types of practice (total =100%):  
\_\_\_\_\_ Audit \_\_\_\_\_ Bookkeeping \_\_\_\_\_ Fiduciary/Trustee  
\_\_\_\_\_ Review \_\_\_\_\_ Tax \_\_\_\_\_ EDP  
\_\_\_\_\_ Compilation \_\_\_\_\_ SEC \_\_\_\_\_ Other (Specify) \_\_\_\_\_
4. Fees for the last fiscal year: \$ \_\_\_\_\_
5. **Total Staff** Full-Time Part-Time  
Owners, officers, partners & CPA's \_\_\_\_\_  
Non-CPA employees \_\_\_\_\_  
Other employees/Clerical \_\_\_\_\_
6. Has the firm ever provided professional services to a financial institution, publicly traded company or insurance company?  
☐ Yes ☐ No
7. Total number of claims and circumstances in the last five years: \_\_\_\_\_  
If open, amount or reserves \$ \_\_\_\_\_ If closed, amount paid \$ \_\_\_\_\_
8. Has any firm member been the subject or a complaint of disciplinary action or reprimand by any state board of accountancy or the S.E.C. or had a license or authority to practice revoked?  
☐ Yes ☐ No
9. Does any firm member receive commissions for the sale or promotion of any investment?  
☐ Yes ☐ No
10. Has the firm undergone a peer or quality review this year? ☐ Yes ☐ No  
Was it unqualified? ☐ Yes ☐ No

**PLEASE NOTE** – THIS IS AN ABBREVIATED FORM INTENDED TO ALLOW US TO PROVIDE NON-BINDING INDICATIONS OF ACCEPTABILITY AND PRICING. COMPLETION OF THIS FORM OR TENDERING PREMIUM WITH THIS QUICK INDICATION FORM DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE. IN ORDER TO RECEIVE A FIRM QUOTATION OF TERMS AND CONDITIONS, A PROPERLY COMPLETED, SIGNED AND DATED APPLICATION MUST BE RECEIVED AND REVIEWED BY THE UNDERWRITERS.

Return to:

*Professionals Serving Professionals*

PMB 857, 515 E. Carefree Highway, Phoenix, Az 85085-8839 v.623.465.5300 f.623.465.5933 v.1.800.666.2008  
email. insurance@pibinc.com