Accountants Professional Liability Request For Premium Indication

Name of Firm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Renewal date of coverage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gross billings \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Retro active date \_\_\_\_\_\_\_\_\_\_\_\_\_ Deductible \_\_\_\_\_\_\_\_Limits of Liability\_\_\_\_\_\_\_\_\_\_\_\_Expiring premium \_\_\_\_\_\_\_\_\_

**Number of Staff Members for the firm** Full Time Part Time

CPAs \_\_\_\_\_ \_\_\_\_\_

Degreed Accountans \_\_\_\_\_ \_\_\_\_\_

Non Degreed Accountans/Bookkeepers \_\_\_\_\_ \_\_\_\_\_

Support/Clerical \_\_\_\_\_ \_\_\_\_\_

**Services Performed**

Audit \_\_\_\_\_% Review \_\_\_\_\_% Bookkeeping/ Compilation \_\_\_\_\_% Tax Individuals \_\_\_\_\_% Tax Business \_\_\_\_\_%

Financial Planning \_\_\_\_%\* Investment Advise \*\_\_\_\_\_% Other ( please specify ) \_\_\_\_\_%

*\*please attached a narrative*

**Does the firm ( Partners, shareholders, employees )**

 **Yes No Yes No**

Perform fiduciary work \_\_\_\_ \_\_\_\_ Have an equity interest in any client \_\_\_\_ \_\_\_ \_

Have anyone licensed in any other profession \_\_\_\_ \_\_\_\_ Invest or dispurse clients funds \_\_\_\_ \_\_\_\_

Perform Work for Publicly held companies \_\_\_\_\_ \_\_\_\_ Use Engagement Letters(audits, review & compilation)\_\_\_\_ \_\_\_\_

Receive commissions for the sale or promotion of investments yes \_\_\_\_no \_\_\_\_\_

**In the Past Five Years has the firm**

 **Yes No Yes No**

Had any Financial Institutions as clients \_\_\_\_ \_\_\_\_ Recently had a Peer Review \_\_\_\_ \_\_\_\_

Had any claims filed again the firm \_\_\_\_ \_\_\_\_ Had to sue for fees \_\_\_\_ \_\_\_\_

Had anyone been suspended, disciplined, or reprimanded yes \_\_\_\_\_ no \_\_\_\_\_

*Any yes answers, please provide explanation*

Please complete and return by fax or email ( below ) .

 **Professional Insurance Brokers Inc**

515 E Carefree Hwy PMB 857 Phx AZ 85085 V 623 465 5300 F 623 465 5933 insurance@pibinc.com