

# 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 Accountants                 | _____ | _____ |
| Non Degreed Accountants/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 )**

| <b>Yes</b>   | <b>No</b> |       | <b>Yes</b>   | <b>No</b> |       |
|--|-----------|-------|--|-----------|-------|
| Perform fiduciary work                                       | _____     | _____ | Have an equity interest in any client                | _____     | _____ |
| Have anyone licensed in any other profession                 | _____     | _____ | Invest or disburse 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**

| <b>Yes</b>   | <b>No</b> |       | <b>Yes</b>                 | <b>No</b> |       |
|--|-----------|-------|----------------------------|-----------|-------|
| 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**

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