

Firm Name _____
 Contact Person _____
 Address _____
 City _____ State ____ Zip _____
 Phone _____ Fax _____
 E-Mail _____
 Date Firm was established ____ / ____ / ____

- Within the past 5 years have you or anyone in your firm:
 Reported a claim or incident? Yes No
 If "Yes" when was the claim reported to the Insurance Company. ____/____
 Is the claim Open Closed
 If "Open" Loss Reserve \$ _____
 Settlement demand \$ _____
 If "Closed" Damages and claims expenses paid \$ _____
- Provided services in connection with any SEC regulated clients? Yes No
- Performed work used in connection with Public or private offerings? Yes No
- Had their accounting license or authority to practice accounting revoked or been subject to disciplinary action, fine, reprimand or criminal penalty related to the performance of professional services? Yes No

Insurance History

- Current Insurance Company: _____
- Expiration date or Requested date of coverage: ____/____/____
- Retroactive date of current policy ____/____/____
- Current annual premium: \$ _____
- Requested Policy Limits \$ _____
- Requested Deductible \$ _____
- Firm's Gross Billings for past fiscal year: \$ _____
- If newly established, please provide estimate for first year of operation.
 \$ _____

Number of Professionals in the Firm:

Full Time	Part-Time	Total

Professionals include: CPAs, Public Accountants, Enrolled Agents, Consultants, Programmers plus staff members with a 4 year Accounting Degree.
Do Not Include: clerical/administrative staff or per diem/independent contractors.

Areas of Practice	Percentage of Revenue
Business Tax Services	%
Estate Tax Services	%
Individual Tax Services	%
Bookkeeping / Write – up	%
Compilation	%
Review	%
Forecasts / Projections	%
Business Planning	%
Business Valuation	%
Financial Planning and Investment Advisory Services	%
Litigation Consulting	%
Fiduciary Services	%
Money Management / Bill Paying	%
Audit: Non Public Clients	%
Information Technology	%
Audit: Publicly – held clients	%
SEC-Public/Private Offerings	%
Other: Please describe the nature of these services below.	%

This is not an Insurance Binder. The information that you provide on this form is used to provide a premium indication only.

Coverage approval and the final premium are subject to completion and underwriting acceptance of the application and applicable supplements

 Signature of Applicant

 Date Signed

Additional Information Available At
ACCOUNTANTFILE.COM