

# ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE PREMIUM ESTIMATE QUESTIONNAIRE

COMPLETE THIS FORM TO RECEIVE A NON-BINDING PREMIUM ESTIMATE.

QUOTATIONS AND COVERAGE MAY BE ISSUED ONLY UPON ACCEPTANCE OF A FULLY COMPLETED APPLICATION. IF YOU HAVE ANY QUESTIONS, CALL ProAccess AT (973) 669-2300 OR (877)396-3501.

## 1. GENERAL INFORMATION: To WHICH MEMBER OF YOUR FIRM SHOULD INSURANCE MATTERS BE ADDRESSED?

FIRM: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ Zip \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_ YEAR FIRM ESTABLISHED \_\_\_\_\_

## 2. STAFF: PLEASE INDICATE, THE TOTAL NUMBER OF PROFESSIONALS EMPLOYED BY YOUR FIRM, WHOSE TIME IS BILLED:

FT CPA's (INCLUDING OWNERS, PARTNERS, SHAREHOLDERS, PRINCIPALS): \_\_\_\_\_ FT NON-CPA PROFESSIONALS: \_\_\_\_\_

PT CPA's (INCLUDING OWNERS, PARTNERS, SHAREHOLDERS, PRINCIPALS): \_\_\_\_\_ PT NON-CPA PROFESSIONALS: \_\_\_\_\_

## 3. AREAS OF PRACTICE:

OF THE CHOICES BELOW, PLEASE INDICATE THE PERCENTAGE OF GROSS BILLINGS DERIVED FROM EACH AREA OF PRACTICE DURING THE LAST FISCAL YEAR AND WHETHER OR NOT ENGAGEMENT LETTERS ARE USED:

AREA OF PRACTICE	%	ENGAGEMENT LETTERS USED?		AREA OF PRACTICE	%	ENGAGEMENT LETTERS USED?	
		YES	No			YES	No
PUBLIC COMPANY AUDIT	___	<input type="checkbox"/>	<input type="checkbox"/>	DEVELOPMENT OR SALE OF	___	<input type="checkbox"/>	<input type="checkbox"/>
OTHER AUDIT	___	<input type="checkbox"/>	<input type="checkbox"/>	COMPUTER PRODUCTS OR SERVICES	___	<input type="checkbox"/>	<input type="checkbox"/>
OTHER ATTEST/ASSURANCE (DESCRIBE)	___	<input type="checkbox"/>	<input type="checkbox"/>	FORECAST & PROJECTIONS	___	<input type="checkbox"/>	<input type="checkbox"/>
REVIEW	___	<input type="checkbox"/>	<input type="checkbox"/>	BUSINESS VALUATIONS	___	<input type="checkbox"/>	<input type="checkbox"/>
COMPILATION	___	<input type="checkbox"/>	<input type="checkbox"/>	BUSINESS PLANNING (DESCRIBE)	___	<input type="checkbox"/>	<input type="checkbox"/>
BOOKKEEPING & WRITE UP	___	<input type="checkbox"/>	<input type="checkbox"/>	SECURITIES ACTIVITIES	___	<input type="checkbox"/>	<input type="checkbox"/>
INDIVIDUAL TAX	___	<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL FINANCIAL PLANNING	___	<input type="checkbox"/>	<input type="checkbox"/>
BUSINESS TAX	___	<input type="checkbox"/>	<input type="checkbox"/>	& INVESTMENT ADVISORY SERVICES	___	<input type="checkbox"/>	<input type="checkbox"/>
ESTATE TAX	___	<input type="checkbox"/>	<input type="checkbox"/>	INFORMATION TECHNOLOGY	___	<input type="checkbox"/>	<input type="checkbox"/>
CONSULTING SERVICES (EXPLAIN)	___	<input type="checkbox"/>	<input type="checkbox"/>	LITIGATION SUPPORT	___	<input type="checkbox"/>	<input type="checkbox"/>

## 4. PLEASE PROVIDE THE FIRM'S GROSS BILLINGS FOR THE LAST FISCAL YEAR: \$ \_\_\_\_\_

## 5. YOUR CLAIMS HISTORY:

HAVE YOU HAD OR REPORTED ANY CLAIMS OR INCIDENTS WITHIN THE LAST FIVE YEARS?

YES\*  No

\*IF YES:  ONE  Two  THREE OR MORE

DATE CLAIM(S) REPORTED \_\_\_\_\_

AMOUNT INCLUDING DEFENSE EXPENSES (IF CLOSED) \_\_\_\_\_

RESERVE AMOUNT (IF OPEN) \_\_\_\_\_

PLEASE ATTACH ADDITIONAL CLAIMS INFORMATION, IF AVAILABLE

## 6. YOUR INSURANCE HISTORY:

CURRENT MALPRACTICE INSURER: \_\_\_\_\_

Retroactive Date \_\_\_\_\_

CURRENT EXPIRATION DATE \_\_\_\_\_

CURRENT PREMIUM \$ \_\_\_\_\_

CURRENT LIMITS \$ \_\_\_\_\_ DEDUCTIBLE \$ \_\_\_\_\_

Do YOU HAVE DEFENSE COSTS OUTSIDE THE LIMITS? \_\_\_\_\_

## 7. DURING THE PAST FIVE (5) YEARS, HAS ANY CURRENT OR PAST MEMBER OF THE FIRM BEEN SUBJECT TO ANY INVESTIGATION, REPRIMAND, DISCIPLINARY ACTION OR CRIMINAL PENALTY?

YES  NO

## 8. INDICATE THE DATE OF THE FIRM'S LAST PEER REVIEW: \_\_\_/\_\_\_/\_\_\_

INDICATE PEER REVIEW RESULTS BELOW:

UNQUALIFIED  QUALIFIED/MODIFIED

FAX THIS CONFIDENTIAL FORM TO (973)-669-2399

100 EXECUTIVE DRIVE,  
WEST ORANGE, NJ  
07052-3362  
973-669-2300  
877-396-3501  
FAX: 973-669-2399

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