

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

1. 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 \$ \_\_\_\_\_

2. Provided services in connection with any SEC regulated clients?  Yes  No

3. Performed work used in connection with Public or private offerings?  Yes  No

4. 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**

- A. Current Insurance Company: \_\_\_\_\_
- B. Expiration date or Requested date of coverage: \_\_\_\_/\_\_\_\_/\_\_\_\_
- C. Retroactive date of current policy \_\_\_\_/\_\_\_\_/\_\_\_\_
- D. Current annual premium: \$ \_\_\_\_\_
- E. Requested Policy Limits \$ \_\_\_\_\_
- F. Requested Deductible \$ \_\_\_\_\_
- G. Firm's Gross Billings for past fiscal year: \$ \_\_\_\_\_
- H. 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**