

Accountants Professional Liability Premium Estimate Questionnaire

Applicant Firm Information

Name of Applicant Firm _____

Address _____

City _____ State _____

County _____ Zip Code _____

Phone Number _____ Fax Number _____

Email _____ Website _____

Contact Name _____

Form Completed By _____ Date _____

Coverage Options

Limits of Liability Desired (Each Claim and Annual Aggregate):

- | | |
|--|--|
| <input type="checkbox"/> \$100,000 / \$100,000 | <input type="checkbox"/> \$500,000 / \$1,000,000 |
| <input type="checkbox"/> \$100,000 / \$300,000 | <input type="checkbox"/> \$1,000,000 / \$1,000,000 |
| <input type="checkbox"/> \$250,000 / \$250,000 | <input type="checkbox"/> \$1,000,000 / \$2,000,000 |
| <input type="checkbox"/> \$500,000 / \$500,000 | <input type="checkbox"/> Other: \$ _____ |

Deductible Desired (Each Claim):

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$5,000 | Claims Expense: |
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> Inside the Limit |
| <input type="checkbox"/> Other: \$ _____ | | <input type="checkbox"/> Outside the Limit |
| <input type="checkbox"/> First Dollar Claim | | <input type="checkbox"/> Both Options Desired |

Current Policy Retroactive Date: _____
 No Retroactive Date Applies mm/dd/yyyy

Current Policy Expiration Date: _____
 No Expiring Policy mm/dd/yyyy

Additional Coverages Available by Endorsement Include:

- Employment Practices Liability Claims Expense
- Nonprofit Outside Directorship Liability Claims Expense
- Life Insurance Agent Professional Liability
- Real Estate Agent Professional Liability

Submit completed questionnaire as an attachment via email to vicki.crowe@cpim.com or fax to (301) 986-6805.

Contact **Victoria Crowe (vicki.crowe@cpim.com)** of Capital Professional Insurance Managers at **(800) 438-2746** for more information.

The information contained in this questionnaire will be used to generate a non-binding indication. If you would like a formal quotation, additional information — including a completed Carolina Casualty proposal form along with all applicable supplemental information — will be required.

Current Staffing

Indicate the total number of personnel for the Applicant Firm by full time and part time (<1,250 hours).	FT	PT
Total number of professional staff, including owners, partners and officers, employed by the Applicant Firm		
Total number of additional staff, including all administrative and/or support staff, employed by the Applicant Firm		

Gross Annual Revenue

Prior Fiscal Year	\$
Current Fiscal Year (estimated)	\$
Projected Next Fiscal Year	\$

Gross Annual Revenue for the Prior Fiscal Year by Area of Practice

Audit/Review Services: Number of Public Client Audits	
Audit Services: Non-Public Clients	%
Business Tax Services	%
Estate Tax Services	%
Individual Tax Services	%
Bookkeeping and Write-Up Services	%
Payroll Accounting Services	%
Review Services: Non-Public Clients	%
Compilation Services: Non-Public Clients	%
Projection and Forecast Services	%
Business Valuation Services	%
Litigation Support Services	%
Business/Personal Management Services	%
Fiduciary Services: Trust Related	%
Fiduciary Services: Non-Trust Related	%
Fiduciary Services: Employee Benefit Plan	%
Information Technology Services	%
Assurance Services	%
Securities (Other Than Audit) Services	%
Other:	%
Other:	%
Total	

Claim History (Past five [5] years)

Number of Claims	
Total Estimated Dollar Amount Paid or Reserved	\$