



Accountants Professional Liability Insurance Premium Estimate Questionnaire

Applicant Firm Information

Name of Applicant Firm	
Contact Name	
Address	
City	State
County	Zip Code
Phone Number	Fax Number
E-mail	Web Site

Coverage Options

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

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

Deductible Desired (Each Claim):

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$10,000 | Claims Expense: |
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$15,000 | <input type="checkbox"/> Inside the Limit |
| <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$20,000 | <input type="checkbox"/> Outside the Limit |
| <input type="checkbox"/> Other: \$ _____ | | <input type="checkbox"/> Both Options Desired |
| <input type="checkbox"/> First Dollar Claim Expense
(Damages Only) Deductible | | |

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

Current Insurance History:

List the professional liability insurance purchased by the Applicant Firm for the past year. If "None," so state.

- None

Insurance Carrier	Inception Date	Expiration Date
Limit of Liability	Deductible	Premium
Current Policy Retroactive Date	mm/dd/yyyy	
<input type="checkbox"/> No Retroactive Date		

Forward completed questionnaire to:

Pro-iii - Insurance Innovators Inc.
130 South Easton Road, Glenside, PA 19038
Fax: (215) 886-2482

Contact **Sam Kravitz** at sam@iiigroup.com,
or **(215) 885-7300, ext. 120**.

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

Area of Practice	%
Audit/Review Services: Public Clients #_____ 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	100%

Claim History (Past five [5] years)

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