

Policy Expiration Date: Firm Retroactive or "Prior Acts" Date:							
Current Limits: / Current Deductible:							
Ins Carrier: Claim Expenses Outside Limit (CEOL) 🗆 First Dollar Defense Premium:							
				County:		Year Started	:
				E Mail:			
Firm Name:				L Man.			
Address:			City	Website:			
Street	Address		City	Dhamai			
State			Zip Code	Phone:			
			Zip Coue	Fax:			
Gross Annual Revenue for the Firm on an Accrual Basis Last Fiscal Year: Last Peer Review Date:							
Last Fiscal Y Estimate Current Fiscal Y			ear: ear:	Fee suits against clients in past 3 years:			
Projected Next Fiscal Year:							
Please indicate the number of personnel for your firm and firm affiliates:							
CPA Owners, Partners, &	Non CPA Owners, Par	rtners	Employed CPAs (Other than		Accounting	Consulting	Support Staff (All
Officers & Officers		there	already included)	or Tax Professionals		Professionals	Others
Please provide percentages of gross annual revenue derived from the following areas of practice (MUST TOTAL 100%)							
Please put an "X" when engagement letters are used							
		%	X	% X			
Business Tax Services Estate Tax Services			Audit: Publicly Held Clie Audit: Non-Public Client		Other Attest/Assurance Services Business Planning (Please describe) Business Valuation		
Individual Tax Services			Agreed Upon Procedures				
Accounting/Bookkeeping			Projections/Forecasts Litiga			Litigation Consulti	
			Financial Planning & Inv	estment		Non-trustee Fiduciary or Administrative Responsibility-ERISA Pension & Benefit	
Compilation			Advisory Services	estilient	Plans, ESOPS, Insurance Co., Hedge Funds, other Investment Cos. Other Consulting (Please Describe)		
Review			Information Technology				
						Total	
After inquiry of all owners, partners, officers and professionals of the firm and the firm affiliates, within the past 5 years have any past or present personnel: (a) Been the subject of any regulatory or disciplinary investigation or inquiry (both formal and informal) or have been suspended from practice?							
TYes No							
(b) Charged or plead guilty to, or indicted on a criminal charge ☐ Yes ☐ No							
(c) Become aware of any professional liability claims made against the firm, firm affiliates, their personnel or the firm's predecessors in business?							
 ☐ Yes ☐ No (d) Become aware of any act, omission or fee dispute which might be expected to be the basis of a claim or suit against the firm, firm affiliates, thei 							
personnel or the firm's predecessors in business?							
(e) Been declined canceled or non-renewed for professional liability insurance for any reason other than nonpayment of premium?							
(This question is not applicable to Missouri residents.) Yes No							
*If Yes to any of the above, please provide details on the attached Claim/Incident Supplement							
NOTE: This Form is for Estimate Purposes Only. Coverage May Be Bound Only Upon							
Submission and Acceptance of a Completed New Business Application							
Signature: Date:							