

Accountants Professional Liability Application

1. Firm Name: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-Mail: _____
Date Established: _____ Full Time Part Time

2. Do you currently have Professional Liability Insurance? Yes No

If Yes: Insurance Company: _____
Retroactive Date: _____
Expiration Date: _____
Policy Limit: _____ Current Premium \$ _____
How many years have you had continuous coverage? _____

3. Percentage of income derived from the following types of practice (total = 100%):

_____ % Audit	_____ % Bookkeeping	_____ % EDP
_____ % Review	_____ % SEC-Public/Private	_____ % Audit: nonpublic clients
_____ % Compilation	_____ % Fiduciary/Trustee	_____ % Audit: publicly held clients
_____ % Business Tax Services	_____ % Forecast Projections	_____ % Bill Paying/Payroll
_____ % Estate Tax Services	_____ % Business Valuation	_____ % Financial Planning & Investment Advisory Services
_____ % Individual Tax Services	_____ % IT Consulting	_____ % Other (Specify)
_____ % Business Consulting	_____ % Litigation Consulting	

4. Fees for the last fiscal year: \$ _____ (or estimate if new firm)

5. Total Staff	<u>Full-Time</u>	<u>Part-Time</u>
Owners, officers, partners & CPA's	_____	_____
Non-CPA employees	_____	_____
Other employees/Clerical	_____	_____

6. Has the firm ever provided professional services to a financial institution, publicly traded company or insurance company?

Yes No

7. Total number of claims and circumstances in the last five years: _____
If open, amount of reserves \$ _____ If closed, amount paid \$ _____

8. Has any firm member been the subject of a complaint or disciplinary action or reprimand by any state board of accountancy or the S.E.C. or had a license or authority to practice revoked?

Yes No

9. Does any firm member receive commission for the sale or promotion of any investment?

Yes No

10. Has the firm undergone a peer or quality review this year?

Yes No

Was it unqualified? Yes No

Return to: RISKPRO Insurance Agency, LLC
P.O. Box 515512
Dallas, Texas 75251

Fax: 972-235-3556
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