

# 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 &
_____ % Individual Tax Services	_____ % IT Consulting	Investment Advisory Services
_____ % Business Consulting	_____ % Litigation Consulting	_____ % Other (Specify)

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

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

Fax: 972-235-3556  
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