

Quick Quote Form – Accountants Errors & Omissions Liability Insurance

Return via fax to 267.224.4449 or email to areed@firstpro.biz

Contact Information

Applicant Firm Insured: _____

Contact Person: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____



**FIRST PROFESSIONAL
BROKERAGE**

First Class. Professional Service.

Current Firm Information – Staff & Financials

CPAS: _____ Support/Admin: _____

Non-CPA Professionals: _____

Gross Ann. Rev. **Current** Fiscal Yr: _____

Gross Ann. Rev. **Last** Fiscal Yr: _____

Current E&O Liability Insurance Information

Carrier: _____ Exp. Date: _____ Retro Date: _____

Limits of Liability Per Claim: \$ _____ Aggregate: \$ _____

Deductible Amount: \$ _____ Claim Exp. Pd: Inside (included within limits of liability)

Annual Premium: \$ _____ Outside (in addition to the limits of liability)

Areas of Practice

Express in whole percentages of gross revenue. . .

Area of Practice	%	Use of Engagement Letters ?	
		Yes	No
SEC Audit: Public Comp.			
Audit: Other			
Review			
Compilation			
Bookkeeping			
Individual Tax			
Business Tax			
Estate Tax			
ERISA			
Litigation Support			
Mngmnt Advrsy Svcs **			
Assurance Services **			
Financial Planning			
Asset Management			
Computer Consulting			
Business Valuation			
Other **			
Total Must Equal →	100%		

In Regards to the Past (5) Years of Business

How many firm members have attended a loss control seminar? _____

When was the applicant firm's last successful/un-qualified peer review? _____

Has any member of the applicant firm had their license revoked or been subject to any disciplinary action, investigation or inquiry by any regulatory agency or professional association?
 Yes No

Has any member of the applicant firm performed services or consented to the use of its work product in connection with any public or private offerings of securities?
 Yes No

Has the applicant firm provided any tax advice; organized, sold or prepared any sales material with respect to tax shelters or other tax advantaged "reportable transactions" as defined in treasury reg. Sec 1.60011-4(b)?
 Yes No

Does any member of the applicant firm have discretionary authority to invest client funds?
 Yes No

During the past (3) years, other than in connection with activities as a receiver or trustee in bankruptcy, have you performed attest services for any of your business clients that have declared bankruptcy?
 Yes No

During the past five (5) years, has any claim been made or suit brought against you or any owners, partners, officers, directors, employees or independent contractors?
 Yes No

** Use this area to describe any specifics regarding your firm's areas of practice: _____

Please attach a copy of your current Insurance Declarations Page with this application/questionnaire.

Signature: _____ Date: _____

