Please provide me with your most competitive NO OBLIGATION premium estimate:

|  |  |  |  |
| --- | --- | --- | --- |
| Firm: | | | Contact: |
| Address: | | | |
| City: | | State: | Zip: |
| Phone: | Fax: | | Email: |

**Annual Fees:** $  **Y/E:**

Number of billable staff (with years with the firm):

F/Time: P/Time\*:

5+ years:

4 years:

3 years:

2 years:

1 years:

<1 years:

Total:

\*Average of 25 hours per week or less

In the past three years, how many firm members attended a loss control seminar\_\_\_\_\_

On what date was the firm established\_\_\_\_\_

Within the past 5 years:

Has the firm provided services to a client that is engaged in the issuance, offering, registration or sale of securities or bonds; or provided clients with forecasts or

projections for inclusion in sales literature, etc., of any securities or bonds? YES NO

Has any member of the firm provided services or acted as a director/officer/committee member for any financial institution? YES NO

Has any member of the firm had an accounting license or authority to practice accounting revoked, or been subject to disciplinary action, fine reprimand, or criminal penalty related to performance of professional services? YES NO

Renewal: / / Insurer: Limit: $ Deductible: $ Premium: $

What is the retroactive date on your current policy \_\_\_/\_\_\_/\_\_\_ Full Prior Acts

Approximately percentages of income received from the following activities for the last annual period:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Activity: | % | [1] |  | Activity: | % | [1] |
| Audit: publicly traded entities: |  |  |  | M. A. S. |  |  |
| Audit (not-for-profit): |  |  |  | ***Describe****:*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | |
| Audit (all other): |  |  |  |
| Review: |  |  |  | Information Technology: |  |  |
| Compilation: |  |  |  | Business Valuation: |  |  |
| Bookkeeping: |  |  |  | ERISA/Pension Plans/TPA: |  |  |
| Taxation: |  |  |  | SEC/Sarbanes Oxley Services: |  |  |
| Trustee Services: |  |  |  | Other Services: |  |  |
| Personal Financial Planning: |  |  |  | ***Describe:*** |  |  |
|  |  |  |  | TOTAL: | 100 |  |

[1] check if engagement letters include an ADR/Mediation clause

CLAIMS HISTORY (within the past five years): No Claims

Date claim(s) Reported

Amount Paid, including

Defense Expenses (if closed)

Reserve amount

(if open)

One: / /20

$

$

$

Two: / /20

$

$

$

Three: / /20

$

$

$