ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE PREMIUM ESTIMATE QUESTIONNAIRE



COMPLETE THIS FORM TO RECEIVE A NON-BINDING PREMIUM ESTIMATE.

QUOTATIONS AND COVERAGE MAY BE ISSUED ONLY UPON ACCEPTANCE OF A FULLY COMPLETED APPLICATION. IF YOU HAVE ANY QUESTIONS, CALL JAMISON INSURANCE GROUP AT (973) 731-0806 OR (800) JAMISON.

GENERAL INFORMATI C	N:TO WHICH MEMBER OF YOUR FIRM SHOULD INSUR	ANCE MATTERS BE ADDRESSED?				
FIRM:	CONTACT NAME:					
ADDRESS:	CITY:	STATE:	ZIP:			
TELEPHONE:	FAX:	E-MAIL:				
2. STAFF: PLEASE INDICATE,	THE TOTAL NUMBER OF PROFESSIONALS EMPLOYED E	BY YOUR FIRM, WHOSE TIME IS BILLED:				
FI CPA'S (INCLUDING OWNERS, PAH	RTNERS, SHAREHOLDERS, PRINCIPALS):	FI NON-CPA PROFESSIONALS:				

PT CPA'S (INCLUDING OWNERS, PARTNERS, SHAREHOLDERS, PRINCIPALS): _____ PT Non-CPA professionals: _____

3. AREAS OF PRACTICE:

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OF THE CHOICES BELOW, PLEASE INDICATE THE PERCENTAGE OF GROSS BILLINGS DERIVED FROM EACH AREA OF PRACTICE DURING THE LAST FISCAL YEAR AND WHETHER OR NOT ENGAGEMENT LETTERS ARE USED:

Area Of Practice	%	Engagement Letters Used?	Area Of Practice	%	Engagement Letters Used?
PUBLIC COMPANY AUDIT OTHER AUDIT OTHER ATTEST/ASSURANCE (DESCRIBE) REVIEW COMPILATION BOOKKEEPING & WRITE UP INDIVIDUAL TAX BUSINESS TAX ESTATE TAX CONSULTING SERVICES (EXPLAIN)		YES NO YES NO	DEVELOPMENT OR SALE OF COMPUTER PRODUCTS OR SERVICES FORECAST & PROJECTIONS BUSINESS VALUATIONS BUSINESS PLANNING (DESCRIBE) SECURITIES ACTIVITIES PERSONAL FINANCIAL PLANNING & INVESTMENT ADVISORY SERVICES INFORMATION TECHNOLOGY LITIGATION SUPPORT	-	YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO

4. Please provide the firm's gross billings for the

5. YOUR CLAIMS HISTORY:

HAVE YOU HAD OR REPORTED ANY CLAIMS OR INCIDENTS WITHIN THE LAST FIVE YEARS?

YES*

*IF YES:

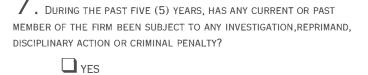
ONE TWO THREE OR MORE

DATE CLAIM(S) REPORTED: AMOUNT PAID, INCLUDING DEFENSE EXPENSES (IF CLOSED):

RESERVE AMOUNT (IF OPEN): PLEASE ATTACH ADDITIONAL CLAIMS INFORMATION, IF AVAILABLE

6. YOUR INSURANCE HISTORY:

CURRENT MALPRACTICE INSURER: HOW LONG HAVE YOU BEEN CONTINUOUSLY INSURED? CURRENT EXPIRATION DATE: CURRENT PREMIUM: \$ CURRENT LIMITS: \$ DEDUCTIBLE: \$ DO YOU HAVE DEFENSE COSTS OUTSIDE THE LIMITS?



8. Indicate the date of the firm's last Peer Review: ___/___/___

INDICATE PEER REVIEW RESULTS BELOW:

UNQUALIFIED QUALIFIED/MODIFIED



20 COMMERCE DRIVE SECOND FLOOR CRANFORD, NJ 07016 973-731-0806 800-JAMISON FAX: 973-731-3035

Solutions...Not Just Insurance™

PLEASE VISIT OUR WEBSITE AT WWW.JAMISONGROUP.COM