

# 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.

## 1. GENERAL INFORMATION: TO WHICH MEMBER OF YOUR FIRM SHOULD INSURANCE MATTERS BE ADDRESSED?

FIRM: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

## 2. STAFF: PLEASE INDICATE, THE TOTAL NUMBER OF PROFESSIONALS EMPLOYED BY YOUR FIRM, WHOSE TIME IS BILLED:

FT CPA'S (INCLUDING OWNERS, PARTNERS, SHAREHOLDERS, PRINCIPALS): \_\_\_\_\_ FT NON-CPA PROFESSIONALS: \_\_\_\_\_  
 PT CPA'S (INCLUDING OWNERS, PARTNERS, SHAREHOLDERS, PRINCIPALS): \_\_\_\_\_ PT NON-CPA PROFESSIONALS: \_\_\_\_\_

## 3. AREAS OF PRACTICE:

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		<input type="checkbox"/> YES <input type="checkbox"/> NO	DEVELOPMENT OR SALE OF		<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER AUDIT		<input type="checkbox"/> YES <input type="checkbox"/> NO	COMPUTER PRODUCTS OR SERVICES		<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER ATTEST/ASSURANCE (DESCRIBE)		<input type="checkbox"/> YES <input type="checkbox"/> NO	FORECAST & PROJECTIONS		<input type="checkbox"/> YES <input type="checkbox"/> NO
REVIEW		<input type="checkbox"/> YES <input type="checkbox"/> NO	BUSINESS VALUATIONS		<input type="checkbox"/> YES <input type="checkbox"/> NO
COMPILATION		<input type="checkbox"/> YES <input type="checkbox"/> NO	BUSINESS PLANNING (DESCRIBE)		<input type="checkbox"/> YES <input type="checkbox"/> NO
BOOKKEEPING & WRITE UP		<input type="checkbox"/> YES <input type="checkbox"/> NO	SECURITIES ACTIVITIES		<input type="checkbox"/> YES <input type="checkbox"/> NO
INDIVIDUAL TAX		<input type="checkbox"/> YES <input type="checkbox"/> NO	PERSONAL FINANCIAL PLANNING		<input type="checkbox"/> YES <input type="checkbox"/> NO
BUSINESS TAX		<input type="checkbox"/> YES <input type="checkbox"/> NO	& INVESTMENT ADVISORY SERVICES		<input type="checkbox"/> YES <input type="checkbox"/> NO
ESTATE TAX		<input type="checkbox"/> YES <input type="checkbox"/> NO	INFORMATION TECHNOLOGY		<input type="checkbox"/> YES <input type="checkbox"/> NO
CONSULTING SERVICES (EXPLAIN)		<input type="checkbox"/> YES <input type="checkbox"/> NO	LITIGATION SUPPORT		<input type="checkbox"/> YES <input type="checkbox"/> 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?

## 7. DURING THE PAST FIVE (5) YEARS, HAS ANY CURRENT OR PAST MEMBER OF THE FIRM BEEN SUBJECT TO ANY INVESTIGATION, REPRIMAND, DISCIPLINARY ACTION OR CRIMINAL PENALTY?

YES

## 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

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PLEASE VISIT OUR WEBSITE AT WWW.JAMISONGROUP.COM