

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		
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		
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

Last Fiscal Year \$ _____
 Current Fiscal Year \$ _____
 Next 12 Month Projected \$ _____

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 No

8. INDICATE THE DATE OF THE FIRM'S LAST PEER REVIEW: ___ / ___ / ___

INDICATE PEER REVIEW RESULTS BELOW:

UNQUALIFIED QUALIFIED/MODIFIED

5. YOUR CLAIMS HISTORY:

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

YES* No

*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? _____

FAX THIS CONFIDENTIAL FORM
TO (973)-731-3035



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