

**ACCOUNTANTS PROFESSIONAL LIABILITY  
PRELIMINARY PREMIUM INDICATION WORKSHEET**

Please complete and email to [rudy@circadianbrokers.com](mailto:rudy@circadianbrokers.com) or fax it to (866) 356-4429

Call us toll free with any questions at (877) 417-7171

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

|   |  |
|---|--|
| <p><b>Firm Information</b></p> <p>Date Est. _____ Full Time: _____</p> <p># of Professionals: _____ # of Support Staff: _____</p> <p>Current Gross Revenues: _____</p> <p>Revenues Last Year: _____</p> <p>Single client represent more than 25% of firm's gross annual Revenues? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, provide details _____</p> <p>_____</p> <p>_____</p> | <p>Has firm provided services for any publicly held Companies? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, provide details: _____</p> <p>_____</p> <p>Has the firm made recommendations as to the sale or Purchase of any investments, including specific Stocks, bonds, or other securities for which the firm received compensation: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, provide details: _____</p> <p>_____</p> <p>Within the past 3 years, has the firm undergone a Peer or Quality Review? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, Indicate the result: _____</p> <p>_____</p> <p>_____</p> |
|---|--|

**Current Insurance**

Carrier: \_\_\_\_\_ Policy Term: \_\_\_\_\_

Limits/Deductible: \_\_\_\_\_ CEOL  Y  N 1<sup>st</sup> Dollar Def:  Y  N

Annual Premium: \_\_\_\_\_ Retro Date: \_\_\_\_\_

**Claim History**

Is the firm aware of any claims made against the firm or any incidents within the past 5 years that could arise in a claim against the firm?  Y  N If yes, how many? \_\_\_\_\_ Please provide specific details of each, including a description of the allegations, current reserve and/or indemnity paid, expenses paid, etc.

Has the firm or anyone for whom this coverage would apply ever had their license revoked or suspended; or been the subject to a compliant or disciplinary action; or ever been charged, indicted, plead guilty or convicted of a felony charge?  Y  N If yes, provide details: \_\_\_\_\_

| <u>Area of Practice</u> | <u>Percent</u> | <u>Engagement Letter Used</u> | <u>Area of Practice</u>     | <u>Percent</u> | <u>Engagement Letter Used</u> |
|-------------------------|----------------|-------------------------------|-----------------------------|----------------|-------------------------------|
| Audit Publicly Held     |                | Y N                           | Info Technology             |                | Y N                           |
| Audit Non-Public        |                | Y N                           | Business Valuations         |                | Y N                           |
| Taxation: Individual    |                | Y N                           | Forecasts & Projections     |                | Y N                           |
| Taxation: Business      |                | Y N                           | Litigation Consulting       |                | Y N                           |
| Taxation: Estate        |                | Y N                           | Management Advisory Service |                | Y N                           |
| Bookkeeping             |                | Y N                           | Executor/Trustee Service    |                | Y N                           |
| Compilations            |                | Y N                           | ERISA/Pension Plans         |                | Y N                           |
| Review                  |                | Y N                           | Securities Activities       |                | Y N                           |
| Personal Financial Plan |                | Y N                           | Other Services              |                | Y N                           |

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