

# Accountants Professional Liability Premium Estimate Questionnaire

## Applicant Firm Information

Name of Applicant Firm	
Address	
City	State
County	Zip Code
Phone Number	Fax Number
E-mail	Web Site
Contact Name	
Form Completed By	Date

## Coverage Options

### Limits of Liability Desired (Each Claim and Annual Aggregate):

- |  |  |
|--|--|
| <input type="checkbox"/> \$100,000 / \$100,000 | <input type="checkbox"/> \$500,000 / \$1,000,000   |
| <input type="checkbox"/> \$100,000 / \$300,000 | <input type="checkbox"/> \$1,000,000 / \$1,000,000 |
| <input type="checkbox"/> \$250,000 / \$250,000 | <input type="checkbox"/> \$1,000,000 / \$2,000,000 |
| <input type="checkbox"/> \$500,000 / \$500,000 | <input type="checkbox"/> Other: \$ _____           |

### Deductible Desired (Each Claim):

- |   |                                   |   |
|---|-----------------------------------|---|
| <input type="checkbox"/> \$1,000            | <input type="checkbox"/> \$5,000  | Claims Expense:                               |
| <input type="checkbox"/> \$2,500            | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> Inside the Limit     |
| <input type="checkbox"/> Other: \$ _____    |                                   | <input type="checkbox"/> Outside the Limit    |
| <input type="checkbox"/> First Dollar Claim |                                   | <input type="checkbox"/> Both Options Desired |
| Expense Deductible                          |                                   |   |

Current Policy Retroactive Date: \_\_\_\_\_  
 No Retroactive Date Applies mm/dd/yyyy

Current Policy Expiration Date: \_\_\_\_\_  
 No Expiring Policy mm/dd/yyyy

### Additional Coverages Available by Endorsement Include:

- Employment Practices Liability Claims Expense
- Nonprofit Outside Directorship Liability Claims Expense
- Life Insurance Agent Professional Liability
- Real Estate Agent Professional Liability

**Submit completed questionnaire as an attachment via e-mail to [jkramer@cavnac.com](mailto:jkramer@cavnac.com) or fax to (619) 234-8601.**

Contact **Jolinda Kramer ([jkramer@cavnac.com](mailto:jkramer@cavnac.com))** of Cavnac & Associates at **(619) 744-0566** for more information.

The information contained in this questionnaire will be used to generate a non-binding indication. If you would like a formal quotation, additional information — including a completed Carolina Casualty proposal form along with all applicable supplemental information — will be required.

## Current Staffing

<i>Indicate the total number of personnel for the Applicant Firm by full time and part time (&lt;1,250 hours).</i>	<b>FT</b>	<b>PT</b>
Total number of professional staff, including owners, partners and officers, employed by the Applicant Firm		
Total number of additional staff, including all administrative and/or support staff, employed by the Applicant Firm		

## Gross Annual Revenue

Prior Fiscal Year	\$
Current Fiscal Year (estimated)	\$
Projected Next Fiscal Year	\$

## Gross Annual Revenue for the Prior Fiscal Year by Area of Practice

Audit/Review Services: Number of Public Client Audits	
Audit Services: Non-Public Clients	%
Business Tax Services	%
Estate Tax Services	%
Individual Tax Services	%
Bookkeeping and Write-Up Services	%
Payroll Accounting Services	%
Review Services: Non-Public Clients	%
Compilation Services: Non-Public Clients	%
Projection and Forecast Services	%
Business Valuation Services	%
Litigation Support Services	%
Business/Personal Management Services	%
Fiduciary Services: Trust Related	%
Fiduciary Services: Non-Trust Related	%
Fiduciary Services: Employee Benefit Plan	%
Information Technology Services	%
Assurance Services	%
Securities (Other Than Audit) Services	%
Other:	%
Other:	%
<b>Total</b>	

## Claim History (Past five [5] years)

Number of Claims	
Total Estimated Dollar Amount Paid or Reserved	\$