



Accountants Professional Liability Insurance Policy Premium Estimate Questionnaire

**Forward completed questionnaire
via email or fax**
Email: LMays@RitmanAssoc.com
Phone: 317-770-3000/800-581-8810
Fax: 317-770-3010

1154 Conner Street, Noblesville, IN 46060 phone (317)770-3000 or (800)581-8810 fax (317)770-3010 www.ritmanassociates.com

Applicant Information

Name of Applicant Firm _____

Contact Name _____

Address _____

City _____ State _____

County _____ Zip Code _____

Phone Number _____ Fax Number _____

Email _____ Website _____

Current Staffing

<i>Indicate the total number of personnel for the Applicant Firm by full time and part time (<1,250 hours).</i>	FT	PT
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

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

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

Area of Practice	%
Audit/Review Services: Public Clients #_____ 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	%
Services: Non-Public Clients	%
Compilation Services: Non-Public Clients	%
Projection and Forecast Services	%
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	%
Services	%
Securities (Other Than Audit) Services	%
Other	%
Total	100%

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

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

Deductible Desired (Each Claim):

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$10,000 | Claims Expense: |
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$15,000 | <input type="checkbox"/> Inside the Limit |
| <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$20,000 | <input type="checkbox"/> Outside the Limit |
| <input type="checkbox"/> Other: \$ _____ | | <input type="checkbox"/> Both Options Desired |
| <input type="checkbox"/> First Dollar Claim Expense (Damages Only) Deductible | | |

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

Current Insurance History:

List the professional liability insurance purchased by the Applicant Firm for the past year. If "None," so state.

None

Insurance Carrier	Inception Date	Expiration Date
_____	_____	_____
Limit of Liability	Deductible	Premium
_____	_____	_____
Current Policy Retroactive Date	_____	
<input type="checkbox"/> No Retroactive Date	mm/dd/yyyy	

Claim History (Past five (5) years)

Number of Claims	
Total Estimated Dollar Amount Paid or Reserved	\$ _____
Any members ever had license suspended or revoked, been the subject of professional investigation, disciplinary action, paid any criminal/civil penalty or fine (including tax preparer's fine) in connection with your professional services?	

Risk Management

Are engagement letters routinely used?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is a calendar system in place to ensure timely completion of reports, filings and tax returns?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In the past 12 months, have you sued to collect fees?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature: _____

Date: _____