

Accountants Professional Liability Premium Estimate Questionnaire

Applicant Firm Information

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

Coverage Options

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	mm/dd/yyyy	
<input type="checkbox"/> No Retroactive Date		

Forward completed questionnaire to:

Monitor Liability Managers, Inc.
2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008
Fax: (847) 806-6282

Contact **Randal P. Mrozowicz**, Vice President, Accountants Professional Liability, at rmrozowicz@monitorliability.com, or **(800) 446-2100, ext. 531**.

Current Staffing

Indicate the total number of personnel for the Applicant Firm by full time and part time (<1,250 hours).	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 Revenue

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	%
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:	%
Total	100%

Claim History (Past five [5] years)

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