

ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE QUOTE ESTIMATE FORM

FIRM INFORMATION

Legal Name of Firm _____ Tel # _____
Contact Person _____ Fax # _____
Email _____ Website _____
Firm Street Address _____
City _____ State _____ Zip _____
Represented by a Broker? ☐ Yes ☐ No

AREAS OF PRACTICE

What percentage of your firm's total billable hours was devoted to your practice areas during the previous year?

a. Administrator, Executor, or ERISA Trustee _____ %
b. Audit: Non-Public _____ %
c. Audit: Public _____ %
d. Bankruptcy Trustee or Receiver _____ %
e. Bookkeeping/Write ups/ Payroll Processing _____ %
f. Business Valuations _____ %
g. Compilations _____ %
h. Consulting _____ %
i. Data Processing Services _____ %
j. Debenture Financing/Bonds _____ %
k. Fiduciary - Non-Trustee _____ %
l. Financial Advisory Services _____ %
m. Forecasts and Projections _____ %
n. Forensic Accounting _____ %
o. Hardware/Software Consulting _____ %
p. Hardware/Software Sales _____ %
q. Limited Partnerships and Tax Sheltered Syndication _____ %
r. Litigation Support _____ %
s. Management Advisory Services _____ %
t. Mergers and Acquisitions _____ %
u. Reviews _____ %
v. Securities including Federal and State Securities _____ %
w. Securities: Other _____ %
x. Tax: Business _____ %
y. Tax: Estate _____ %
z. Tax: Individual _____ %
aa. Other _____ %
ab. Enrolled Agent _____ %
ac. Life & Health Insurance Agent _____ %
ad. Registered Representative _____ %
TOTAL 100%

ANNUAL REVENUES

Provide the total gross annual revenues for the applicant firm.

Last Fiscal year: FYE _____ \$ _____

Estimate for current year:

FYE _____ \$ _____

ACCOUNTANT PERSONNEL DETAILS

Number of Owners, Partners, Officers: Full-Time _____ Part-Time _____
Number of Employed CPAs (other than Owners, Partners, Officers) Full-Time _____ Part-Time _____
Number of Other Accounting or Tax professionals whose time is billable to clients Full-Time _____ Part-Time _____
Number of Support Staff Full-Time _____ Part-Time _____

RISK MANAGEMENT

Please provide the number of professionals who completed a risk management program within the past three years.

#: _____ Program Sponsor: _____ Seminar Date: _____

ENGAGEMENT

Does the applicant regularly use engagement letters? ☐ Yes ☐ No

CURRENT COVERAGE

Does your firm currently have coverage? ☐ Yes ☐ No

If your firm is currently covered, please tell us about your current Accountants Professional Liability coverage so we may give you the most accurate quote possible.

Requested Limits: _____ / _____ Deductible: _____

Prior Acts Date? _____ Policy Expiration Date: _____ Premium: _____

First Dollar Defense: ☐ Yes ☐ No Claims Expenses Outside Limits: ☐ Yes ☐ No

CLAIM INFORMATION

Please tell us about any claim against your firm in the last five years, if any. Attach additional pages if necessary.

Date of Claim: _____ Reserve Amount: \$ _____ Paid Amount: \$ _____

Status: ☐ Closed ☐ Incident ☐ Closed No Pay ☐ Open

PEER REVIEW

Has the applicant had a peer review in the last three years? ☐ Yes ☐ No

If so, what was the result? ☐ Pass ☐ Pass with Deficiencies ☐ Fail

If the result was "Pass with Deficiencies" or "Fail", provide a copy of the peer review and all subsequent correspondence.

DISCIPLINARY ACTION

Has the applicant or any of its predecessors, any of its current employees/members, or any past employees/members been subject to sanctions within the last five years for conduct unbecoming to the profession of accountancy? ☐ Yes ☐ No

If yes, please provide details on a separate page.

Please send new business submissions to:
APL@mcgowanprograms.com



McGowan Program Administrators
www.mcgowanprograms.com | 440.333.6300

Dogan Tuncel | National Program Manager
dtuncel@mcgowanpro.com | 508.656.1320