

**Please Complete And Fax To : (207) 941-0241  
CPA Professional Liability Insurance Quotation Questionnaire**

Firm Name \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
 Email \_\_\_\_\_ Date of Establishment: \_\_\_\_/\_\_\_\_/\_\_\_\_

No. of Professionals in Firm\*.  
 \_\_\_\_\_ Accountants  
 \_\_\_\_\_ Part-Time Accountants  
 \_\_\_\_\_ Total  
 \*Do not include clerical or support staff

**Insurance History**  
 Current Carrier: \_\_\_\_\_  
 How long have you been continuously insured? \_\_\_\_\_  
 Retro Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Current expiration date or requested date of coverage: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Current premium: \$ \_\_\_\_\_  
 Requested Limits: \$ \_\_\_\_\_  
 Requested Deductible: \$ \_\_\_\_\_

Firm's Annual Gross Billings: \$ \_\_\_\_\_ Year: \_\_\_\_\_

*This is not an Insurance Binder. The information provided on this form will be used to provide a premium indication. Final premium will be subject to the completion of an application and review by the company.*

**Areas of Practice**  
 Provide approximate % of income received from

	%	Use Engagement Letters? Y/N
Bookkeeping	_____	_____
Review	_____	_____
Compilation	_____	_____
Audit-Other	_____	_____
Audit-Publicly Held	_____	_____
EDP	_____	_____
Personal Tax Engagements	_____	_____
Corporate Tax Engagements	_____	_____
Estate Tax Engagements	_____	_____
Management Advisory Svcs*	_____	_____
Financial Planning	_____	_____
SEC	_____	_____
Other* _____	_____	_____
<b>Total</b>	<b>100%</b>	

\*Please provide details of services: \_\_\_\_\_

**Within the past 5 years have you or anyone in your firm:**

- Had or reported any claims or incidents which could potentially lead to a claim? Yes No  
 If Y es, please provide Date of incident/claim: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Is Claim: Open? Amount of Reserves \$ \_\_\_\_\_ Closed? Amount Paid \$ \_\_\_\_\_
- Provided accounting services to clients who are engaged in the issuance, offering, registration or sale of securities or bonds; or provided clients with forecasts, projections for inclusion in sales literature, etc. Yes No
- Provided professional services or acted as director/committee member for a financial institution? Yes No  
 If Y es, please provide Committee: \_\_\_\_\_ Equity Interest: \_\_\_\_\_ Loan \$ \_\_\_\_\_
- Had accounting license or authority to practice accounting revoked, or been subject to any disciplinary action, fine, reprimand, or criminal penalty related to performance of professional services? Yes No
- Has the firm undergone a peer or quality review during the past year? Yes No  
 Were results unqualified? Yes No

**For a No Obligation Premium Estimate  
 FAX THIS FORM to:  
 (207) 941-0241  
 or for Additional Information Call  
 800-762-8600**

**Allen/Freeman/McDonnell Agency  
 141 North Main Street, Brewer, ME 04412  
 Tel: (207) 942-7371**

**Our web site is [www.InsuranceMadeEasy.com](http://www.InsuranceMadeEasy.com)  
 E-Mail to [afma@InsuranceMadeEasy.com](mailto:afma@InsuranceMadeEasy.com)**

Allen/Freeman/McDonnell Agency is a leader in providing Professional Liability Insurance coverage for Maine's Attorneys and Accountants. The Agency represents various company programs so it can provide one stop shopping with competitive options. The Agency also offers all other lines of Business and Personal Insurance, including Life, Long Term Care, Disability Income and various Group Life, Health and Disability Insurance.