

ACCOUNTANTS PROFESSIONAL LIABILITY PRELIMINARY PREMIUM INDICATION WORKSHEET

Firm Name: _____
Address: _____ City: _____ State: _____

Firm Information

Establish Date: _____ Full Time: _____
of Professionals: _____ # of Support Staff: _____
Current Gross Revenues: _____
Revenues Last year: _____
Single client represent more than 25% of firm's gross annual Revenues?: **Y**____ **N**____ If yes, provide details: _____

Has firm provided services for any Publicly Held Companies?
Y____ **N**____ If yes, provide details: _____
Has the firm made recommendations as to the sale or purchase of any investments, including specific stocks, bonds or other securities for which the firm received compensation:
Y____ **N**____ If yes, provide details: _____
Within the past 3 years has the firm undergone a Peer or Quality Review? **Y**____ **N**____ If yes, indicate the result: _____

Current Insurance

Carrier: _____
Policy Term: _____
Limits/Deductible: _____
CEOL **Y**____ **N**____ 1st Dollar Ded: **Y**____ **N**____
Annual Premium: _____ Retro Date: _____

Claim History

Is the firm aware of any claims made against the firm or any incidents that could arise in a claim against the firm within the past 5 years? **Y**____ **N**____ If yes, how many? _____ Please provide specific details of each, including a description of the allegations, current reserve and/or indemnity paid, expenses paid, etc.
Has the firm or anyone for whom this coverage would apply ever had their license revoked or suspended; or been the subject to a compliant or disciplinary action; or ever been charged, indicted, plead guilty or convicted of a felony charge?
Y____ **N**____ if yes, provide details: _____

<u>Area of Practice</u>	<u>Percent</u>	<u>Engagement Letter Used</u>	<u>Area of Practice</u>	<u>Percent</u>	<u>Engagement Letter Used</u>
Audit Publicly Held		Y N	Info Technology		Y N
Audit Non-Public		Y N	Business Valuations		Y N
Taxation: Individual		Y N	Forecasts & Projections		Y N
Taxation: Business		Y N	Litigation Consulting		Y N
Taxation: Estate		Y N	Management Advisory Service		Y N
Bookkeeping		Y N	Executor/Trustee Service		Y N
Compilations		Y N	ERISA/Pension Plans		Y N
Review		Y N	Securities Activities		Y N
Personal Financial Plan		Y N	Other Services		Y N

PLEASE NOTE: ANY PRELIMINARY PREMIUM INDICATION PROVIDED BASED ON THE COMPLETION OF THIS FORM IS NOT BINDING ON THE HARTFORD FIRE INSURANCE COMPANY AND ITS AFFILIATES AND SUBSIDIARIES ("THE HARTFORD"). IT DOES NOT OBLIGATE THE HARTFORD TO BIND COVERAGE AND /OR ISSUE AN INSURANCE POLICY UNTIL YOU HAVE SATISFIED ANY SUBJECTIVITIES OR CONDITIONS OF THE QUOTE LETTER. THE HARTFORD RETAINS THE RIGHT TO DECLINE TO QUOTE BASED UPON RISK ASSESSMENT.



Submitting Agency: _____
Contact Person: _____ Phone #: _____