

# Are you looking at alternatives for your Professional Liability coverage?

Let us help. Simply fill out this Quick Estimate form and fax it to us **toll free**. We will give you a no obligation premium estimate directly from our office.

We encourage you to personally experience our fine service.



Tel: (800) 632-4591  
Fax: (877) 744-3291

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Contact Name

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Firm Name

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Address

---

City, State, Zip

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(     )

Phone

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(     )

Fax

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E-mail Address

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# of CPAs:

# of Full Time non-CPA Accounting Professionals

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Firm's Gross Billings from Last Fiscal Year

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Date of the Firms Last Peer Review

Qualified or Unqualified

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Your Firms retroactive date

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Current Insurance Company

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Policy Expiration Date

---

Current Premium

Limit Desired

---

Deductible Desired

Number of Claims in the last 5 years

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Amount of Claims

Please Break Down Your Areas of Practice, by % (Equaling 100%)

\_\_\_% Compilations

\_\_\_% Individual Tax

\_\_\_% Reviews

\_\_\_% Audits

\_\_\_% Bookkeeping

\_\_\_% Corporate Tax

\_\_\_% SEC

\_\_\_% MAS

\_\_\_% Data Processing

\_\_\_% Personal Finance  
Planning

\_\_\_% Corporate  
Financial  
Planning

\_\_\_% Other (explain)