

**BL Insurance Brokerage LLC**

**Fax: 508-992-0732**

**ACCOUNTANTS PROFESSIONAL LIABILITY PRELIMINARY PREMIUM  
INDICATION WORKSHEET**

FirmName: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Firm Information**

Establish Date: \_\_\_\_\_ Full Time: Yes No

# 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**\_\_\_\_ 1<sup>st</sup> 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: \_\_\_\_\_

Area of Practice	Percent	Engagement Letter Used	Area of Practice	Percent	Engagement Letter Used
Audit Publicly Held		<b>Yes No</b>	Info Technology		<b>Yes No</b>
Audit Non-Public		<b>Yes No</b>	Business Valuations		<b>Yes No</b>
Taxation: Individual		<b>Yes No</b>	Forecasts & Projections		<b>Yes No</b>
Taxation: Business		<b>Yes No</b>	Litigation Consulting		<b>Yes No</b>
Taxation: Estate		<b>Yes No</b>	Management Advisory		<b>Yes No</b>

			Service		
Bookkeeping		<b>Yes No</b>	Executor/Trustee Service		<b>Yes No</b>
Compilations		<b>Yes No</b>	ERISA/Pension Plans		<b>Yes No</b>
Review		<b>Yes No</b>	Securities Activities		<b>Yes No</b>
Personal Financial Plan		<b>Yes No</b>	Other Services		<b>Yes No</b>

PLEASE NOTE: This document does not represent a binder. All quotes and information at subject to final approval.