

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

Contact Name

Firm Name

Address

City, State, Zip

()

Phone

()

Fax

E-mail Address

of CPAs:

of Full Time non-CPA Accounting Professionals

Firm's Gross Billings from Last Fiscal Year

Date of the Firms Last Peer Review

Qualified or Unqualified

Your Firms retroactive date

Current Insurance Company

Policy Expiration Date

Current Premium

Limit Desired

Deductible Desired

Number of Claims in the last 5 years

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)