



# The Accountants Estimate - Fax Back Form

In order to provide you with a quote for coverage, please complete this form and return via fax to (813) 222-4288 or by email to [info@protectyourbusinesses.com](mailto:info@protectyourbusinesses.com). Questions? Call 1-800-467-8734.

**Yes! I am interested in receiving information on the following coverage(s):**

- |                                                                |                                                         |                                                |
|----------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Accountants Professional Liability    | <input type="checkbox"/> Employment Practices Liability | <input type="checkbox"/> Umbrella Coverage     |
| <input type="checkbox"/> Office Property Coverage              | <input type="checkbox"/> Flood & Excess Flood Coverage  | <input type="checkbox"/> ERISA Coverage        |
| <input type="checkbox"/> Cyber Liability Data Breach Insurance | <input type="checkbox"/> Wind & Hail Coverage           | <input type="checkbox"/> Workers' Compensation |

Firm Name: _____	
Address: _____	
Phone: _____	Fax: _____
Email Address: _____	Date Firm Established: _____
Website: _____	Best Way to Contact: _____
Contact Person: _____	<input type="checkbox"/> Now <input type="checkbox"/> Closer to my expiration/renewal date
Current Carrier: _____	Current Premium \$ _____ Current Limits: _____
# Years Continuously Insured: _____	Legal Entity Type: _____ Current Deductible \$ _____
Current Expiration Date: _____	Prior Acts Date: _____ Copy of Declarations Page: <input type="checkbox"/> Yes <input type="checkbox"/> No

*Please include contract and per diem employees who work 500 hours or more per year (attach separate sheet as necessary):*

Firm Staff	CPA's	Non-CPA's	Hours Annual	Date of Hire (MM/DD/YY)
<b>Owners, Partners, Officers</b>				
<b>All other Accounting or Tax Professionals</b>				
<b>Other Consulting Professionals (not above)</b>				
<b>Administrative Staff</b>				
<b>Total</b>				

*What % of the Firm's revenue is derived from the areas listed below?*

*Please indicate if engagement letters are used for each service area below:*

Service Area	% of Revenue	Engagement Letter Used	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Administrator or ERISA Trustee	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Audit: Non-Profit	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Audit: Public	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Audit: Other	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bookkeeping / Write-ups / Payroll Processing	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Business Valuations	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Compilations	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Consulting	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Forensic Accounting	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hardware Software Consulting / Sales	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Management Advisory Services	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal Financial Planning	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reviews	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Securities	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tax: Business	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tax: Individual	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tax: Other	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trustee Services / Executor	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other - Please List:	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Total Must Add to 100%:</b>	<b>%</b>		

<b>Based on the Firm's fiscal year-end data, please provide the following gross revenue figures:</b>	
Next Fiscal Year (Projected)	\$ _____
Current Fiscal Year (Estimated)	\$ _____
Last Fiscal Year (Reported)	\$ _____
Prior Fiscal Year (Reported)	\$ _____

<p><b>Claims and Insurance Details:</b></p> <p>After inquiry, within the past year have any claims or suits involving malpractice been made against you, a predecessor firm, a subsidiary or affiliate entity, any partner, stockholder and/or professional staff person?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you, after inquiry of stockholders, partners and employees, aware of any incident, circumstance, dispute, fee problem, or employee problem, which could result in a claim being made against the Firm, its predecessors, subsidiaries, affiliates or ay partner, stockholder or employee?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

\*If Yes above, additional information may be required