



Accountants Insurance Coverage Review

Please complete this form and return via fax to (813) 222-4288 or by email to info@protectyourbusinesses.com. **Questions?** Call us at 1.800.467.8734.

It's time to review your insurance coverage(s) to ensure your business is covered correctly. Please review the following list of situations that may have occurred since you last reviewed your coverage. Please check the ones that apply to your practice. If we don't receive a return questionnaire, we will assume that you are satisfied with your current coverage. Thank you for taking the time to complete this questionnaire.

Yes	No	
		Is the named insured correct and are all entities shown on current policy?
		Any new corporations, partnerships, limited partnerships or joint ventures?
		Have you started, changed or discontinued any activities or operations during the past year?
		Any products to be sold, added or discontinued in the coming year?
		Have you entered into any new contractual arrangements, including leased property?
		Please provide: Current Sales: Payroll: No. of Employees:
		Have you purchased, leased, or acquired any real property or locations (including vacant land)?
		Are all owned and leased locations listed on your current policy?
		Do you own the buildings at any of your locations?
		Is the building in the Business name or a Personal name? Please provide the name if Personal
		If a tenant, have you made improvement to the building you lease?
		Do you need coverage for personal property of others that is in your care, custody or control?
		Would you like to discuss increasing the limit on your building/contents?
		Should the following be covered on your policy: Fences, signs, light poles, antennas, awnings, glass, carports?
		Is your computer equipment/software limit adequate?
		Circle any items with changes to business-owned items: Contractor's equipment, patterns, tools, permanently installed equipment
		Any change needed to coverage for accounts receivable, valuable papers, stocks, blue prints?
		Do you have machinery/equipment that is critical to your business not included in your current policy?
		Are you interested in a quote for Wind, Hail, Flood or Earthquake coverage for contents and/or building?
		If you have a Wind, Hail, Flood or Earthquake policy, your limits may or may not match your contents/building coverage. Would you be interested in a quote for higher limits?
		Is your Business Income/Extra Expense/Rental Income limit adequate?
		Do you have an exposure for loss of Business Income due to Off Premises Power Failure/Service Interruption?
		Any changes to fire, sprinkler or security systems?
		Circle any items with changes to business-owned items: Autos, Trucks, Boats, Yachts, Aircraft
		Do your employees rent vehicles or use their own cars for company business?
		Any vehicle / driver changes?
		Are you interested in higher limits of liability?
		Are you doing any business outside of the US?
		Do you have any employee payroll in states not currently listed on your policy?
		Are you sponsoring any teams or conducting any unusual promotional activities?
		Have there been any unreported legal actions brought against you during the past year?
		Are you required to carry liquor liability coverage?

		Do you have a pollution liability exposure? (Above/below ground storage tanks, etc.)
		Are you interested in discussing various forms of crime coverage, e.g. employee dishonesty, robbery, credit card fraud, funds transfer fraud, ID Theft?
		Are you interested in discussing protection for allegations of discrimination, harassment, etc?
		Would you like a quote for Internet / Cyber Liability coverage?
		Would you like a quote for Professional Liability or Directors & Officers Liability?
		Are there any new employee benefits programs?
		Do you sponsor employee benefit plans that require an ERISA bond?

Would you be interested in receiving information on the below coverage(s)*:

- | | | |
|---|--|--|
| <input type="checkbox"/> Professional Liability Only | <input type="checkbox"/> Workers' Compensation | <input type="checkbox"/> Umbrella Coverage |
| <input type="checkbox"/> Professional and General Liability | <input type="checkbox"/> Builders Risk Coverage | <input type="checkbox"/> Flood Coverage |
| <input type="checkbox"/> Employment Practices Liability | <input type="checkbox"/> Cyber Liability Insurance | <input type="checkbox"/> Windstorm Coverage |
| <input type="checkbox"/> Increased Liability Coverage | <input type="checkbox"/> Equipment Breakdown | <input type="checkbox"/> Condo Assessment Coverage |
| <input type="checkbox"/> Package Policy: Including PL, GL and Property Coverage | <input type="checkbox"/> ERISA Coverage | |

Name: _____ **Preferred method of contact:** _____

Practice Address: _____
Practice address City State Zip

Mailing Address: _____
Mailing address City State Zip

Phone: () _____ **Fax:** () _____ **Email:** _____

*Coverage, terms and conditions vary by company, may be subject to strict underwriting guidelines, including waiting periods, and require written company approval. This list of insurance coverage is for informational purposes only and is not meant to be a complete list of all your insurance needs.

Named Insured: _____ Date: _____