

Applicant Firm Information

Name of Applicant _____

Address _____

City _____

State _____

County _____

Zip _____

Phone Number _____

Fax Number _____

E-mail _____

Web Site _____

Contact Name _____

Current Staffing

Indicate the total number of personnel for the Applicant Firm by full time and part time.

FT PT

Total number of professional staff, including owners, partners and officers, employed by the Applicant Firm

Total number of additional staff, including all administrative and/or support staff, employed by the Applicant Firm

Gross Annual Revenue

Prior Fiscal Year \$ _____

Current Fiscal Year (estimated) \$ _____

Projected Next Fiscal Year \$ _____

Coverage Options

Limits of Liability Desired (Each Claim and Annual Aggregate):

_____ \$100,000 / \$100,000

_____ \$100,000 / \$300,000

_____ \$250,000 / \$250,000

_____ \$500,000 / \$500,000

_____ \$500,000 / \$1,000,000

_____ \$1,000,000 / \$2,000,000

Other: \$ _____

Deductible Desired

_____ \$1,000 _____ \$5,000 _____ \$2,500 _____ \$10,000 Other: \$ _____

Current Policy Retroactive Date: _____ (mm/dd/yyyy)

_____ No Retroactive Date Applies

Current Policy Expiration Date: _____ (mm/dd/yyyy)

Claim History (Past five [5] years)

Number of Claims: _____

Total Estimated Dollar Amount Paid or Reserved \$ _____

Submit completed questionnaire as attachment via e-mail to michele@ana-pia.com or fax to (781) 465 - 6003.

Contact Michele Kalamvokis(michele@ana-pia.com) of ANA Professional Insurance Agency LLC at 781-791- 0490 for more information

The information contained in this questionnaire will be used to generate a non-binding indication.

If you would like a formal quotation, additional information - including a completed Casualty Proposal form along with all applicable supplemental information - will be required.

Gross Annual Revenue for the Prior Fiscal Year by Area of Practice

Audit/Review Services: Number of Public Client Audits _____

Audit Services: Non-Public Clients _____ %

Business Tax services _____ %

Estate Tax Services _____ %

Individual Tax Services _____ %

Bookkeeping and Write-Up Services _____ %

Payroll Accounting Services _____ %

Review Services: Non-Public Clients _____ %

Compilation Services: Non-Public Clients _____ %

Projection and Forecast Services _____ %

Business Valuation Services _____ %

Litigation Support Services _____ %

Business/Personal Management Services _____ %

Fiduciary Services: Trust Related _____ %

Fiduciary Services: Non-Trust Related _____ %

Fiduciary Services: Employee Benefit Plan _____ %

Information Technology Services _____ %

Assurance Services _____ %

Securities (Other Than Audit) Services _____ %

Other: _____ %

Other: _____ %

Total _____