



Squared Insurance Agency

Firm Name _____ Year Established _____
 Street Address _____
 City _____ County _____ State _____ Zip Code _____
 Contact Person _____ Telephone: _____ Fax: _____

Areas of Practice: Please provide percentages of time devoted during the previous year in each area of practice (MUST TOTAL 100%).
 Please put an " " when engagement letters are used

%	%	%
Audits-For Profits (Public)	Corporate Financial Planning	Personal Financial Planning
Audits-For Profits (Private)	Corporate Tax	Reviews
Audits-Non-Profits	Data Processing	SEC
Bookkeeping	Individual Tax	Other
Compilations	MAS	Total

Current Coverage

Carrier _____

Expiration Date _____

Retroactive Date _____

Limits of Liability _____ / _____

Deductible/Aggregate _____ / _____

Premium _____

List of Accountants Names (Attach separate sheet if necessary)	Designation Code*	Years in Practice	Year Joined Firm	CPA Yes/ No

*Designation Codes
 O: Officer/Director/Shareholder P: Partner S: Sole Proprietor
 E: Employed Accountant RP: Retired Partner of Applicant
 IC: Independent Contractor

Total Revenue? Past Year _____ Total # of employees? _____
 Projected Next Year _____

Any Claims/Suits/Incidents Filed Against Firm in the Past 5 Years? Yes No # Closed _____ #Pending _____
 If any, complete next page

Is the firm aware of any circumstance(s) or act(s) that may give rise to a claim? Yes No If any complete next page

Has any Accountant with the firm ever been disciplined or denied the right to practice? Yes No

Check the limit and deductible options below that you are interested in seeing a quote for, you may check more than one of each:

Limits of Liability (per claim/annual aggregate)			
\$100,000/\$300,000	\$300,000/\$300,000	\$500,000/\$1,500,000	\$3,000,000/\$4,000,000
\$250,000/\$500,000	\$300,000/\$600,000	\$1,000,000/\$2,000,000	\$4,000,000/\$4,000,000
\$250,000/\$750,000	\$500,000/\$1,000,000	\$2,000,000/\$2,000,000	\$5,000,000/\$5,000,000
Deductible			
\$1,000	\$2,500	\$5,000	\$10,000
			Other (Specify) <input type="text"/>

Please Attach a Copy of Firm Letterhead and a Copy of Policy Declarations Page (if available)

NOTE: This Form is for Estimate Purposes Only. Coverage May Be Bound Only Upon Submission and Acceptance of a Completed Application

Accountant Signature: _____ **Date:** _____

Claims Summary

Firm Name: _____

Please complete the following for each claim/suit/Incidents filed against the firm in the past 5 years
(Attach separate sheet if necessary)

Full Name of Claimant	_____			
Date of Alleged Error	_____	Date Reported to The Insurance Company		_____
Status of Claim	Pre-Suit	In Suit	Closed	Date Closed _____
Total Damages Paid	\$ _____	Total Damages Reserved*		\$ _____
Total Expenses Paid	\$ _____	Total Expenses Reserved*		\$ _____

Description of claim, including likelihood of payment if pending (Please provide enough information to allow an evaluation), and allegation upon which claimant bases claim:

Full Name of Claimant	_____			
Date of Alleged Error	_____	Date Reported to The Insurance Company		_____
Status of Claim	Pre-Suit	In Suit	Closed	Date Closed _____
Total Damages Paid	\$ _____	Total Damages Reserved*		\$ _____
Total Expenses Paid	\$ _____	Total Expenses Reserved*		\$ _____

Description of claim, including likelihood of payment if pending (Please provide enough information to allow an evaluation), and allegation upon which claimant bases claim:

*If unknown, inquire of defense counsel or insurance company.