



L SQUARED  
INSURANCE  
AGENCY

Policy Expiration Date: \_\_\_\_\_ Firm Retroactive or "Prior Acts" Date: \_\_\_\_\_  
Current Limits: \_\_\_\_\_ / \_\_\_\_\_ Current Deductible: \_\_\_\_\_  Aggregate or  Each Claim  
Ins Carrier: \_\_\_\_\_  Claim Expenses Outside Limit (CEOL)  First Dollar Defense Premium: \_\_\_\_\_

Firm Name: _____  Address: _____ <i>Street Address</i> <i>City</i>  _____                  _____ <i>State</i> <i>Zip Code</i>	County:	Year Started:
	E Mail:	
	Website:	
	Phone:	
	Fax:	

**Gross Annual Revenue for the Firm on an Accrual Basis**

Last Fiscal Year: \_\_\_\_\_ Last Peer Review Date: \_\_\_\_\_  
Estimate Current Fiscal Year: \_\_\_\_\_ Fee suits against clients in past 3 years: \_\_\_\_\_  
Projected Next Fiscal Year: \_\_\_\_\_

**Please indicate the number of personnel for your firm and firm affiliates:**

CPA Owners, Partners, & Officers	Non CPA Owners, Partners & Officers	Employed CPAs (Other than already included)	Other Accounting or Tax Professionals	Consulting Professionals	Support Staff (All Others)

**Please provide percentages of gross annual revenue derived from the following areas of practice (MUST TOTAL 100%)  
Please put an "X" when engagement letters are used**

%	X		%	X		%	X	
		Business Tax Services			Audit: Publicly Held Clients			Other Attest/Assurance Services
		Estate Tax Services			Audit: Non-Public Clients			Business Planning (Please describe)
		Individual Tax Services			Agreed Upon Procedures			Business Valuation
		Accounting/Bookkeeping			Projections/Forecasts			Litigation Consulting
		Compilation			Financial Planning & Investment Advisory Services			Non-trustee Fiduciary or Administrative Responsibility-ERISA Pension & Benefit Plans, ESOPS, Insurance Co., Hedge Funds, other Investment Cos.
		Review			Information Technology			Other Consulting (Please Describe)
								Total

- After inquiry of all owners, partners, officers and professionals of the firm and the firm affiliates, within the past 5 years have any past or present personnel:
- (a) Been the subject of any regulatory or disciplinary investigation or inquiry (both formal and informal) or have been suspended from practice?  
 Yes  No
  - (b) Charged or plead guilty to, or indicted on a criminal charge  
 Yes  No
  - (c) Become aware of any professional liability claims made against the firm, firm affiliates, their personnel or the firm's predecessors in business?  
 Yes  No
  - (d) Become aware of any act, omission or fee dispute which might be expected to be the basis of a claim or suit against the firm, firm affiliates, their personnel or the firm's predecessors in business?  
 Yes  No
  - (e) Been declined canceled or non-renewed for professional liability insurance for any reason other than nonpayment of premium?  
*(This question is not applicable to Missouri residents.)*  
 Yes  No

\*If Yes to any of the above, please provide details on the attached Claim/Incident Supplement

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

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_