



Custom Brokers Insurance

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**Get your most competitive
 NO OBLIGATION premium
 estimate from the only
 endorsed professional
 liability agent of the**

PENNSYLVANIA SOCIETY OF
TAX & ACCOUNTING
 PROFESSIONALS
 LEVERAGE THE POWER OF SMALLER PRACTICES

Firm:		Contact:
Address:		
City:	State:	Zip:
Phone:	Fax:	Email:

Annual Fees: \$ _____ **Yr. End:** _____

Number of billable employees (with years of experience):

	F/Time:	P/Time*:	
5+ years:	_____	_____	In the past three years, how many firm members attended a loss control seminar _____ On what date was the firm established _____ Within the past 5 years: Has the firm provided services to a client that is engaged in the issuance, offering, registration or sale of securities or bonds; or provided clients with forecasts or projections for inclusion in sales literature, etc., of any securities or bonds? YES <input type="checkbox"/> NO <input type="checkbox"/> Has any member of the firm provided services or acted as a director/officer/committee member for any financial institution? YES <input type="checkbox"/> NO <input type="checkbox"/> Has any member of the firm had an accounting license or authority to practice accounting revoked, or been subject to disciplinary action, fine reprimand, or criminal penalty related to performance of professional services? YES <input type="checkbox"/> NO <input type="checkbox"/>
4 years:	_____	_____	
3 years:	_____	_____	
2 years:	_____	_____	
1 years:	_____	_____	
<1 years:	_____	_____	
Total:	_____	_____	

*Average of 25 hours per week or less

Renewal: _____ Insurer: _____ Limit: \$ _____ Deductible: \$ _____ Premium: \$ _____

What is the retroactive date on your current policy _____ None N/A

Approximately percentages of income received from the following activities for the last annual period:

Activity	%
Audit: Public Companies**	
Audit: Other	
Review	
Compilation	
Bookkeeping	
Tax	
Business Valuation	
Computer Consulting	
Litigation Support	

Activity	%
Litigation Support	
Management Advisory Services	
Assurance Services	
Financial Planning	
Asset Management	
Sale of Mutual Funds	
SEC/Sarbanes Oxley Related Services**	
Other*	
Total	100%

CLAIMS HISTORY (within the past five years): None

Date claim(s) Reported	One: / / _____	Two: / / _____	Three: / / _____
Amount Paid, including Defense Expenses (if closed)	\$ _____	\$ _____	\$ _____
Reserve amount (if open)	\$ _____	\$ _____	\$ _____