

IJU Agency Ltd.

Accountant Professional Liability Form

(Please fill out to the best of your ability.)

Part I: General Information

Name : _____

Entity Type (LLC, Sole Proprietorship, Partnership, Corporation...): _____

Address: _____

Mailing Address (If Different): _____

Telephone #: _____ Email: _____ Fax: _____

Website _____ FEIN #: _____

Type of business: _____ # of Employees: _____

Years In business: _____ Current Insurance Company: _____

Effective Date: _____ Premium: _____

Have you had any claims in the last 5 years, if yes, please elaborate:

Principle / Partner:

Name	Title	Years of Experience

Part II: Business Information

of professional staff, including owners, partners, and officers: Full time _____ Part Time _____

if additional staff, including all administrative and/or support staff: Full Time _____ Part Time _____

Part III: Gross Annual Earnings

Prior Fiscal Year	\$
Current Fiscal Year (Estimated)	\$
Projected Next Fiscal Year	\$

Part IV: Gross Annual Revenue For The Prior Fiscal Year By Practice Area

Audit Services: Non-Public Clients	%
Business Tax Services	%
Estate Tax Services	%
Individual Tax Services	%
Bookkeeping and Write-Up Services	%
Payroll Accounting Services	%
Services To Non-Public Clients	%
Compilation Services: Non-Public Clients	%
Projection & Forecast Services	%
Litigation Support Services	%
Fiduciary Services: Trust Related	%
Fiduciary Services: Non-Trust Related	%
Fiduciary Services: Employment Benefit Plan	%
Information Technology Services	%
Securities (Other Than Audit) Services	%

*Total Must Reach %100

Other information that you feel may help us better understand your needs:

Notice

This information is not an offer to sell insurance. Insurance coverage cannot be bound or changed via submission of this online form / application, e-mail, voice mail or facsimile. No binder, insurance policy, change, addition, and/or deletion to insurance coverage goes into effect unless and until confirmed directly with a licensed broker. Note any proposal of insurance we may present to you will be based upon the values developed and exposure to loss disclosed to us on this online form/application and/or in communications with us. All coverages are subject to the terms, conditions and exclusions of the actual policy issued. Not all policies or coverages are available in every state. You also agree to release us from any liability if this information is accidentally viewed by unauthorized persons. We will only use this information for insurance quoting purposes and not distribute to other parties.

Submitted By (Print): _____

Signature: _____

Date: _____