



The Premier Plan- Application Client No. _____

Part of the AICPA Professional Liability Insurance Program

A. Firm Information

Firm Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date Established: _____ Firm Phone Number: _____ Fax Number: _____

Contact Person: Mr. Ms. _____ Contact Phone: _____

E-mail Address: _____

Yes, I would like to receive the free AICPA Insurance Programs E-Newsletter. The E-Newsletter offers Risk Management alerts, new information on products and program sponsored CPA events. My e-mail address is noted above.

Is at least one member of your firm an active member of one of the following professional associations?

AICPA State CPA Society Other _____

Does the firm belong to the PCPS section of the AICPA? Yes No

1. Does your firm or any owners, partners or officers render services or conduct **any** business activities under a separate entity name? Yes No

a. If yes, complete **SEPARATE ENTITY SUPPLEMENT on page S-1** for all such entities whether coverage is desired or not.

b. Coverage may be available for such entities by endorsement to your policy subject to underwriting approval.

Would you like coverage for these entities? Yes No

If yes, please list the entities for which you are seeking coverage: _____

Please complete the remainder of the application with respect to the firm and all entities indicated in 1b. above. Wherever the words "firm affiliates" are used, they will be deemed to include the entities listed in 1b. above.

2. Please indicate the number of personnel for firm and firm affiliates:

Owners, Partners, & Officers	_____	Consulting Professionals	_____
Employed CPAs (other than identified above)	_____	Support Staff (all others)	_____
Other Accounting or Tax Professionals	_____	Total Firm Personnel	_____

3. Within the past 3 years, has your firm or any firm affiliate:

a. merged with or acquired the business of any sole practitioner, accounting firm or other business entity? Yes No

b. reduced the number of its owners, partners, or officers by 50% or more? Yes No

If yes to any above, provide complete details on a separate sheet.

4. Gross annual revenue for the firm and firm affiliates:

Second to Last Fiscal Year			Last Fiscal Year			Estimate For Current Year		
FYE:	/	/	FYE:	/	/	FYE:	/	/
\$			\$			\$		

B. Nature of Practice

5. Provide the percentage of gross annual revenue derived from the areas of practice listed below. **Total of all items must equal 100%.**

	Are annual engagement letters used?		Are annual engagement letters used?
A. Business Tax Services	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No	K. Other Assurance Services	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Estate Tax Services	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No	(Please describe) _____	
C. Individual Tax Services	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No	L. Business Planning	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No
D. Financial Planning and Investment Advisory Services	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No	M. Information Technology	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No
E. Bookkeeping/Write-up	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No	N. Business Valuation	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No
F. Compilation	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No	O. Litigation Consulting	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No
G. Review	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No	P. Other Consulting	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No
H. Audit: Non-public clients	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No	(Please describe) _____	
I. Audit: Publicly-held clients	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
J. Forecasts/Projections	_____ % <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	