

ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE

PROGRAM HIGHLIGHTS

As a leader in the insurance industry for over 65 years, you have come to expect Pearl Insurance to provide only the greatest products the market has to offer.

Underwritten by Greenwich Insurance Company, a wholly owned subsidiary of AXA XL, a division of AXA Group, our accountants professional liability coverage is backed by unmatched financial stability and capability.

Start benefiting today!

- Risk management discounts from 5%-7.5%
- Access to Pearl's online risk management portal
- Moonlighting coverage for equity partners
- Cyber Suite Endorsement with limit options of \$50,000-\$1,000,000
- Additional coverage for IRS section 7216 defense
- Full waiver of deductible for early claims resolution
- Longevity credit for continuous OSCPAs membership up to \$15,500 starting at 3 years
- And many more coverage benefits only available to OSCPAs members



Whether you are looking for broad professional liability coverage or a complete business owner's commercial policy, we have the resources, experience, and industry knowledge you can depend on.



We are proud to offer our accountants professional liability coverage, financially rated A+ by A.M. Best.

Request your personalized estimate today. It's simple, using one of our convenient options:

- Complete the quote estimate form on the back of this flyer
- Submit your information online at pearlinsurance.com/OH-protect
- Call us to complete by phone at 888.619.1914
- Submit a completed competitor application



Get a quote today and see the plus in **Accountants ProtectionPlus!**
888.619.1914 | pearlinsurance.com/OH-protect

AXA XL is a division of AXA Group providing products and services through our four business groups: AXA XL Insurance, AXA XL Reinsurance, AXA XL Art & Lifestyle and AXA XL Risk Consulting. Coverage is underwritten by the following AXA XL companies: Greenwich Insurance Company and Indian Harbor Insurance Company. Not all insurers do business in all jurisdictions nor is coverage available in all jurisdictions. AXA, the AXA and XL logos are trademarks of AXA SA or its affiliates.

ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE QUOTE ESTIMATE FORM

FIRM INFORMATION

Legal Name of Firm _____ Tel # _____
 Contact Person _____ Fax # _____
 Email _____ Website _____
 Firm Street Address _____
 City _____ State _____ Zip _____
 Represented by a Broker? Yes No

AREAS OF PRACTICE

What percentage of your firm's total billable hours was devoted to your practice areas during the previous year?

- a. Administrator, Executor, or ERISA Trustee _____ %
- b. Audit: Non-Public _____ %
- c. Audit: Public _____ %
- d. Bankruptcy Trustee or Receiver _____ %
- e. Bookkeeping/Write ups/ Payroll Processing _____ %
- f. Business Valuations _____ %
- g. Compilations _____ %
- h. Consulting _____ %
- i. Data Processing Services _____ %
- j. Debenture Financing/Bonds _____ %
- k. Fiduciary - Non-Trustee _____ %
- l. Financial Advisory Services _____ %
- m. Forecasts and Projections _____ %
- n. Forensic Accounting _____ %
- o. Hardware/Software Consulting _____ %
- p. Hardware/Software Sales _____ %
- q. Limited Partnerships and Tax Sheltered Syndication _____ %
- r. Litigation Support _____ %
- s. Management Advisory Services _____ %
- t. Mergers and Acquisitions _____ %
- u. Reviews _____ %
- v. Securities including Federal and State Securities _____ %
- w. Securities: Other _____ %
- x. Tax: Business _____ %
- y. Tax: Estate _____ %
- z. Tax: Individual _____ %
- aa. Other _____ %
- ab. Enrolled Agent _____ %
- ac. Life & Health Insurance Agent _____ %
- ad. Registered Representative _____ %
- TOTAL** **100%**

ACCOUNTANT PERSONNEL DETAILS

Number of Owners, Partners, Officers: Full-Time _____ Part-Time _____
 Number of Employed CPAs (other than Owners, Partners, Officers) Full-Time _____ Part-Time _____
 Number of Other Accounting or Tax professionals whose time is billable to clients Full-Time _____ Part-Time _____
 Number of Support Staff Full-Time _____ Part-Time _____

RISK MANAGEMENT

Please provide the number of professionals who completed a risk management program within the past three years.

#: _____ Program Sponsor: _____ Seminar Date: _____

ENGAGEMENT

Does the applicant regularly use engagement letters? Yes No

CURRENT COVERAGE

Does your firm currently have coverage? Yes No

If your firm is currently covered, please tell us about your current Accountants Professional Liability coverage so we may give you the most accurate quote possible.

Requested Limits: _____ / _____ Deductible: _____

Prior Acts Date? _____ Policy Expiration Date: _____ Premium: _____

First Dollar Defense: Yes No Claims Expenses Outside Limits: Yes No

CLAIM INFORMATION

Please tell us about any claim against your firm in the last five years, if any. Attach additional pages if necessary.

Date of Claim: _____ Reserve Amount: \$ _____ Paid Amount: \$ _____

Status: Closed Incident Closed No Pay Open

PEER REVIEW

Has the applicant had a peer review in the last three years? Yes No

If so, what was the result? Pass Pass with Deficiencies Fail

If the result was "Pass with Deficiencies" or "Fail", provide a copy of the peer review and all subsequent correspondence.

ANNUAL REVENUES

Provide the total gross annual revenues for the applicant firm.

Last Fiscal year: FYE _____ \$ _____

Estimate for current year:

FYE _____ \$ _____

DISCIPLINARY ACTION

Has the applicant or any of its predecessors, any of its current employees/members, or any past employees/members been subject to sanctions within the last five years for conduct unbecoming to the profession of accountancy? Yes No

If yes, please provide details on a separate page.