



**ACCOUNTANTS BASIC COVERAGE – ABC
 PROFESSIONAL LIABILITY SELF-RATING APPLICATION**



Territory 4: California

This application is for a Claims-Made Insurance Policy.
 Please read the policy carefully. It contains important exclusions and conditions to your insurance coverage.
 Please direct questions to **YOUR AGENT**.

Application instructions

- Answer each question completely. Do not use pencil. A principal of the firm must sign the application. Use whole numbers where percentages are indicated.
- Follow the self-rating instructions for premium calculation. Select and initiate payment option.
- We retain the right to decline coverage and return your payment if the answers to the questions do not meet the program underwriting standards.

1. Applicant Information

For Agent Use:

Agent Code:

Firm Name: _____
 Date Firm Established: ___/___/___
 Contact Person at Firm: _____
 Principle Business Address: _____
 City: _____ State: ___ Zip Code: _____
 Desired Effective Date: ___/___/___ Tel# _____ Fax# _____
 E-Mail Address : _____

2. Check the limit of liability desired. A standard deductible of \$1,000 applicable to losses and expenses will be given
Claim expenses outside the limits and loss only deductible are mandatory in New York.
- \$100,000/\$200,000 \$250,000/\$500,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000
3. Provide the number of Accounting Professionals who are currently engaged to perform accounting services for your firm. Include owners, partners and employees. _____
4. **Areas of practice:** Indicate the percent of gross revenues derived from each engagement type. Total of A and B must equal 100%. Please use whole numbers and include services in item B, even though these are not covered.

A. SERVICES COVERED		B. SERVICES NOT COVERED (Including but not limited to)		TOTAL
<input type="checkbox"/> Bookkeeping service		<input type="checkbox"/> Auditing	<input type="checkbox"/> Computer Consulting	A <input type="checkbox"/>
<input type="checkbox"/> Reviews *		<input type="checkbox"/> Financial Planning	<input type="checkbox"/> Fiduciary Services	+
<input type="checkbox"/> Compilations		<input type="checkbox"/> Securities Work	<input type="checkbox"/> Other	B <input type="checkbox"/>
<input type="checkbox"/> Tax Engagements		<input type="checkbox"/> Financial Institutions	<input type="checkbox"/> TOTAL B	=
<input type="checkbox"/> Tax Planning		<input type="checkbox"/> Investment Advice		100%
<input type="checkbox"/> TOTAL A		<input type="checkbox"/> Management Adv. Services		

*Coverage is optional. (See step 2 on page 3)

5. **Insurance History:** Has the applicant firm maintained claims-made accountants professional liability insurance during the past four (4) years? If "yes," provide insurance history for the last four (4) years below Yes No

Insurance Company	Policy Limits	Deductible	Policy Period (month /day/year)	Premium
	\$	\$	From ___/___/___ To ___/___/___	\$
	\$	\$	From ___/___/___ To ___/___/___	\$
	\$	\$	From ___/___/___ To ___/___/___	\$
	\$	\$	From ___/___/___ To ___/___/___	\$

6. What is your current professional liability insurance policy's prior acts date ? ___/___/___
7. Has your firm ever purchased an extended reporting period endorsement or "tail" coverage ? Yes No
 If "Yes", provide term of the extended reporting period "tail policy": ___/___/___ to ___/___/___
8. Total gross revenues shown on your last filed tax return. \$ _____ (Do not include direct recovery of expenses.)
 a. If newly established, provide estimated gross revenues for the current year. \$ _____





9. Has your firm or any past or present owner, partner, corporate officer or employee upon inquiry:
- a. Had a professional liability claim or suit brought against them within the past five years? Yes No
 - b. Been made aware of any circumstance that may result in a claim or suit? Yes No

If "Yes" to 9a or 9b, complete the Supplemental Claim Information below. Insurance cannot be bound until your application and this information are reviewed and approved by the insurance company.

10. Has your firm or any past or present owner, corporate officer or employee upon inquiry
- a. Had a professional liability application denied, policy canceled or policy not renewed? Yes No
 - b. Ever been reprimanded or subject to any fine or criminal penalty related to professional services? Yes No

If "yes" to 10a or 10b, please provide full details on a separate sheet. Insurance cannot be bound until your application and this information are reviewed and approved by the insurance company underwriter.

Supplemental Claim/Incident Information: Please Indicate whether a: Claim /Suit Incident

- Full name of claimant _____
- Additional defendants _____
- Date of alleged error ___/___/___ Date you became aware of alleged error ___/___/___
- Date reported to Ins. Company. ___/___/___ Name of Insurance Company _____

If CLOSED: Date closed ___/___/___ Total amount paid \$ _____

♦ Of the total amount paid, how much was for legal expenses \$ _____

If PENDING: Please forward a copy of the suit papers OR answer all questions below:

- a. Claimant's settlement demand \$ _____ Defendant's offer for settlement \$ _____
- b. Insurer's loss reserve \$ _____
- c. Is claim in suit? Yes No If "Yes", amount asked in summons \$ _____
- d. Was an engagement letter used? Yes No

On your letterhead attach a brief description of the claim indicating the alleged error, type of engagement and alleged injury.

General Star National Insurance Company is an "admitted" or "licensed" insurer in all states except Connecticut (where General Star Indemnity Company is "admitted" or "licensed"), subject to the financial solvency regulation and enforcement, which applies to licensed companies. This insurance company participates in state insurance guarantee funds.

For residents of Alaska & Louisiana: General Star Indemnity Company is a "non-admitted" or "surplus lines" insurer and is not subject to the financial solvency regulation and enforcement which applies to licensed companies. The insurance company does not participate in any state insurance guarantee fund; therefore, these funds will not pay your claims or protect your assets if the insurance company becomes insolvent and is unable to make payments as promised.

The Accountants professional liability program has been organized as a purchasing group located and domiciled in Illinois, pursuant to legislation enacted by Congress known as the Federal Risk Retention Act of 1986. You will automatically become a member of the Purchasing Group once your completed application has been approved and your premium payment has been received. **This does not apply in the states of Louisiana, Alaska or Florida.**

Fraud Warning. (Not applicable in Nebraska, Vermont or Virginia): Any person who knowingly, and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

By purchasing this coverage I acknowledge on behalf of the Insured/Applicant that I may be switching from a policy that may contain broader coverage, to a policy with more restrictive coverage. I fully understand and acknowledge that I am voluntarily choosing to reduce our coverage by waiving the broader liability provisions of our previous policy. I further acknowledge that if I elect option # 2 or 3, coverage will not be provided for claims arising out of review services that were rendered at any time.

Please Forward A Copy Of All Letterhead Used By Your Firm with this Application.

I declare that the information submitted herein is true and accurate to the best of my knowledge. I understand that an incorrect or incomplete statement could void my protection. The application and rating page will become part of the Accountants Professional Liability Policy. This form must be signed/dated by a principal of the firm.

Signature of Principal

_____/_____/_____
Date Signed





Premium Calculation Instructions

1. Number of years the firm has continuously maintained claims- made professional liability insurance. ____ Years
2. Select the limit option # you wish to purchase from chart below. **Limit option** _____
3. Circle the premium per accountant from the chart below. **Premium per accountant.** \$ _____

Territory 4 - Limit Options/ Annual premium per Accounting professional for California

Number of years of continuous Claims made insurance	Option 1 \$100,000/\$200,000	Option 2 \$250,000/\$500,000	Option 3 \$500,000/\$500,000	Option 4 \$1,000,000/\$1,000,000
(0) Prior insurance	336.00	571.00	726.00	1126.00
(1) Year prior insurance	504.00	857.00	1089.00	1688.00
(2) Years of prior insurance	631.00	1073.00	1363.00	2114.00
(3) Years of prior insurance	755.00	1284.00	1631.00	2529.00
(4) Years or more of prior insurance	805.00	1369.00	1739.00	2697.00

Premium Calculation

Step 1. Multiply the Premium you selected from above by the Number of Accountants in your firm.

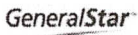
of accounting professionals ____ x Premium from 3 above \$ _____ = \$ _____ Premium

Step 2. Optional: **I DO NOT** want coverage for Review Services. Multiply the premium developed in Step 1 above by 90%
 Premium \$ _____ x .90 = \$ _____ **Modified Premium**

Step 3. Optional: The premium may be discounted by 40% for part time Accountants who are sole practitioners employed full time elsewhere and do not want coverage for review services.

Premium from Step 1 above \$ _____ x .60 = \$ _____ **Annual premium for part time accountants**

Mail your completed application and check payable to your agent.



Founded in 1949 the Herbert H. Landy Insurance Agency has specialized in providing professional liability insurance since 1962, insuring thousands of Accounting professionals throughout the United States. We are committed to "earning the privilege" of being your chosen source for this valuable insurance.

