



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



Territory 5

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** or the National Administrator Herbert H. Landy Insurance Agency.

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

Firm Name _____ **Date Firm Established:** ____/____/____

Contact Person at Firm _____

Principal Business Address _____

City _____ **State** _____ **Zip** _____

Phone () _____ **Fax ()** _____

Desired Effective Date: ____/____/____ **E-Mail Address** _____

In lieu of mailing my policy, you may e-mail my policy to the above address. I agree to accept an electronic copy of my application with my policy.

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	A <input type="text"/> + B <input type="text"/> = 100%
<input type="checkbox"/> Reviews *	<input type="checkbox"/> Financial Planning	
<input type="checkbox"/> Compilations	<input type="checkbox"/> Securities Work	
<input type="checkbox"/> Tax Engagements	<input type="checkbox"/> Financial Institutions	
<input type="checkbox"/> Tax Planning	<input type="checkbox"/> Investment Advice	
<input type="checkbox"/> TOTAL A	<input type="checkbox"/> Management Adv. Services	
*Coverage is optional. (See step 2 on page 3)	<input type="checkbox"/> Computer Consulting <input type="checkbox"/> Fiduciary Services <input type="checkbox"/> Other TOTAL B	

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.

Arkansas Residents: The insurance company compensates us for the placement of this insurance policy.

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 and dated by a principal of the firm.

_____/_____/_____
Signature of Principal Date Signed



Premium Calculation Instructions

Territory 5

The premiums shown below for all states may be subject to approval by the Department of Insurance in each state.

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 accounting professional.** \$ _____

TERRITORY 5: Limit options & premium per Accounting professional for All States Except AZ. CA. CT. FL. IL. MD. MA. MI. MN. MS. NJ. NY. OH. OR. PA. TN. & TX

Important Information For KENTUCKY Applicants: The premiums shown below do not include City or County Taxes, which range from 2% to 7%. Please contact our office prior to submitting your application.

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	168.00	286.00	363.00	563.00
(1) Year prior insurance	252.00	428.00	544.00	844.00
(2) Years prior insurance	315.00	536.00	680.00	1055.00
(3) Years prior insurance	377.00	641.00	814.00	1263.00
(4) Years or more of prior insurance	403.00	685.00	870.00	1350.00

Step 1. Multiply the Premium from # 3 above by the Number of Accounting professionals in your firm.

of Accounting professionals _____ x Premium from 3 above \$ _____ = \$ _____ Premium

Step 2. Optional: **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

West Virginia Applicants: The State of West Virginia assesses a tax of 0.55% on insurance premiums.

Enter the premium you selected from 1, 2, or 3 above: \$ _____

Please multiply the above premium by 1.0055 = Total Annual Premium \$ _____ (round to the nearest dollar)



SELECT A PREMIUM PAYMENT OPTION AND REMIT WITH YOUR APPLICATION

Option 1:

Mail your application and check for the selected annual premium (including all applicable state taxes and surcharges) payable to the **Herbert H. Landy Insurance Agency Inc.**, 75 Second Ave. Suite 410, Needham, MA 02494.

Option 2:

Fax your payment: If you select this option you must add a **\$25.00 convenience fee**.

Fax your payment for the selected annual premium (including all applicable state taxes and surcharges) + \$25.00 convenience fee payable to the **Herbert H. Landy Insurance Agency Inc.** (see instructions below)

Please note:

Option #2 is not available if you are using a "starter check" from your bank or convenience checks i.e.: checks from credit card companies, home equity or money market accounts or from a credit union. Please use option #1.

Here is how to fax in your payment:

1. Complete your check for the selected annual premium (including all applicable state taxes and surcharges) + \$25.00 convenience fee payable to the **Herbert H. Landy Insurance Agency Inc.**
2. Attach to this form with your completed application.
3. Retain a clear photocopy for your records.
4. Sign the authorization below.

This check authorizes you to charge our bank account as per the attached check below

Your signature

_____/_____/_____
Date Signed

Fax to the Herbert H. Landy Insurance Agency, Inc.

Fax: 781-449-7908

Attach Your Check Here

KEEP THE ORIGINAL CHECK FOR YOUR RECORDS. We input the information from your faxed check to create a duplicate pre-authorized bank draft with the same check number and same amount as the one you faxed. After it's deposited you will receive it back from your bank along with your other cancelled checks.

Option 3: Premium Financing provided by Premium Financing Specialist Inc.

The Minimum annual premium that can be financed is \$1,000. A 25% down payment is required.

If you would like to finance your premium use premium payment option #1 or #2 from above to forward your down payment.



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.



Visit our website www.landy.com or call us toll-free at 800-336-5422.

Fax 781-449-7908

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