

ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE
GREAT AMERICAN ASSURANCE COMPANY

EXPRESS APPLICATION



To be eligible for this application you must be able to answer "true" to statements 1-9 below. Please contact our office at 800-336-5422 if you are not eligible for this program or have any questions.

Firm Name: _____ Contact Name: _____
 Street Address: _____ *(Write separate mailing address in margin, if applicable)*
 City: _____ County: _____ State: _____ Zip Code: _____
 Phone#: _____ Fax#: _____
 Date Established: ____/____/____ E-Mail Address: _____

In lieu of mailing my policy, you may email my policy to the above address. I agree to receive an electronic copy of my application with my policy.

NEW ACCOUNTS: Desired Effective Date ____/____/____ Retroactive Date ____/____/____ **RENEWALS:** Expiring Policy # _____

If you have a policy in force, you will need prior acts coverage. Attach a copy of your current Declarations page showing the prior acts date.
If you have coverage for any predecessor firm(s) on your current policy please attach a copy of the endorsement.

Total # of Professionals (CPAs, Public Accountants, Tax Preparers, Consultants, Enrolled Agents and Bookkeepers) _____

Gross Annual Revenue based on the Applicant's fiscal year-end data (new firms provide estimate): \$ _____

Statements 1 through 9 must all be "True" in order to be eligible for this program.

Please contact our office if you are not eligible for this program or need coverage for services not offered under the Express program.

	True	False
1. The Applicant's combined total gross revenues did not exceed \$1,000,000 over the last three (3) year period.		
2. Within the past 3 years the applicant firm has not sued any clients to collect unpaid client fees.		
3. No member or employee of the applicant firm has discretionary authority to invest or control client funds. <i>(Bill-pay and/or payroll are acceptable and are not considered "discretionary control").</i>		
4. Audit engagements generate 50% or less of the firm's gross billings, and the firm has not performed any public audit/attest work in the last 5 years.		
5. The applicant firm has not provided any tax advice, counsel or opinion; nor organized, sold or prepared any sales material with respect to tax shelters or other tax advantaged investments or any "reportable transaction" as defined in Treasury Reg. Sec 1.60011-4(b).		
6. For services provided on audit engagements or non-attest services for audit clients, the applicant firm has a procedure requiring that engagement letters are used on new engagements and updated as required if the engagement changes. <i>(If the applicant firm does not perform these services, respond "True").</i>		
7. In the past 5 years, the applicant firm or any member of the firm has not performed services or consented to the use of its work product in connection with any public or private offerings of securities, real estate or other investments.		
8. No member of the applicant firm has had their license revoked or been subject to any disciplinary action, investigation, inquiry or fine by any licensing board, regulatory agency or professional association within the past 5 years.		
9. The applicant firm or anyone to whom this insurance will apply is not aware of any professional liability claim, or any act, omission or personal injury which might reasonably be expected to be the basis of a claim made against them within the past 5 years.		

STEP 1: CIRCLE/CHECK YOUR DESIRED ACCOUNTANTS POLICY PREMIUM

CLAIM EXPENSES ARE IN ADDITION TO THE POLICY LIMITS

TABLE 1: Applies to firms whose combined total gross revenues did not exceed \$ 300,000 over the last three (3) year period.

Deductible Loss & Expense	\$100,000/ \$250,000	\$250,000/ \$250,000	\$250,000/ \$500,000	\$500,000/ \$500,000	\$500,000/ \$1,000,000	\$1,000,000/ \$1,000,000
\$0*	\$380	\$460	\$520	\$560	\$584	\$640
\$1,000	\$336	\$406	\$451	\$490	\$515	\$570
\$2,000	\$330	\$398	\$442	\$480	\$505	\$558
\$5,000	\$309	\$374	\$415	\$450	\$474	\$524

TABLE 2: Applies to firms whose combined total gross revenues did not exceed \$1,000,000 over the last three (3) year period.

Deductible Loss & Expense	\$100,000/ \$250,000	\$250,000/ \$250,000	\$250,000/ \$500,000	\$500,000/ \$500,000	\$500,000/ \$1,000,000	\$1,000,000/ \$1,000,000
\$0*	\$480	\$580	\$640	\$700	\$732	\$800
\$1,000	\$420	\$508	\$564	\$612	\$644	\$712
\$2,000	\$412	\$498	\$553	\$600	\$631	\$698
\$5,000	\$386	\$467	\$519	\$563	\$592	\$655

*2 Year Policy Term Option not available with \$0 deductible.

******KENTUCKY, NEW JERSEY AND WEST VIRGINIA applicants MUST calculate the following taxes/surcharges and remit with premium payment: Kentucky: must call agent to obtain taxes, New Jersey: 0.6%, West Virginia: 0.55%**

One (1) year policy term option - - premium option selected above plus any applicable State taxes or surcharges.

Two (2) year policy term option* - - 2 Year Policy Term Option not available with \$0 deductible. Limits are reinstated one year from the effective date. No renewal application will be required until the two- year term has expired.

To calculate the premium for the 2 year policy term option, use the rate you selected above, add any applicable State taxes or surcharges, then multiply the sum by 2 = \$_____.

Kentucky Residents:

The premiums above do not include the State, City or County Taxes assessed in Kentucky. Contact your agent to obtain the amount of the tax prior to submitting this application.

New Jersey Insurance Guaranty Association Fund:

Companies writing property and casualty insurance business in New Jersey are required to participate in the New Jersey Insurance Guaranty Association. If a company becomes insolvent, the Guaranty Association settles unpaid claims and assesses each insurance company for its fair share. The current assessment is 0.6% and will be displayed on your premium notice. Multiply the premium you selected by 1.006. This is the total premium and assessment due.

West Virginia Residents:

The State of West Virginia assesses a tax of 0.55% on insurance. Multiply premium you selected by 1.0055. This is the total premium and tax due.

All Other States:

No Taxes or Surcharges Apply

FRAUD WARNING: Any person who knowingly and with 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 purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

ARKANSAS, LOUISIANA AND WEST VIRGINIA FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA FRAUD WARNING: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO FRAUD WARNING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance benefits, and/or civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

D.C. FRAUD WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA FRAUD WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KANSAS FRAUD WARNING: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

KENTUCKY FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

MARYLAND FRAUD WARNING: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MINNESOTA FRAUD WARNING: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW JERSEY FRAUD WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

OHIO FRAUD WARNING: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA APPLICANTS: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a fraudulent insurance act, which may subject such person to prosecution for insurance fraud.

PENNSYLVANIA FRAUD WARNING: Any person who knowingly and with 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 purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TENNESSEE FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VIRGINIA AND WASHINGTON FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VERMONT FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

DISCLAIMER

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT AND FIRM ACCEPTS NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A "CLAIMS-MADE" BASIS. THE APPLICANT AND FIRM ACCEPTS NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE. THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, PRINCIPAL, OFFICER, OR MEMBER OF THE APPLICANT.

The undersigned is authorized by, and acting on behalf of, the Applicant and represents that all statements and particulars herein are true, complete and accurate and that there has been no suppression or misstatements of fact and agrees that this application shall be the basis of, and becomes part of, the Applicant's professional liability coverage.

Print Name

Title

Signature

Date

Florida, Iowa and New Hampshire Agents Only, please provide the following: License# _____

Agent or Producer Name: _____ Signature: _____

To bind coverage please send the completed application, expiring Declarations or proof of retroactive coverage (if new business), and check (including all taxes/surcharges, if applicable) to your agent listed below:



The Herbert H. Landy Insurance Agency Inc.
100 River Ridge Drive | Suite 301 | Norwood, MA 02062
Tel: (800) 336-5422 | Fax: (800) 344-5422
www.landy.com





Premium Payment Options

If Applicable Please Enter:

Applicant Name: _____

Policy Number: _____

Account Number: _____

To avoid a gap in your insurance protection we must receive payment by the policy effective date.

Option 1: Mail your check for the **Annual Premium (including all applicable state taxes and surcharges)** payable to the **Herbert H. Landy Insurance Agency Inc.**, 100 River Ridge Drive, Suite 301, Norwood, MA 02062.

Option 2: Sign and complete this form to authorize **Herbert H. Landy Insurance Agency Inc.** to make a onetime debit to your checking or savings account.

By signing this form you give us permission to debit your account for the amount indicated. . This is permission for a **single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.**

*******Please fax this form to 800-344-5422 or email to payment@landy.com*******

Please complete the information below:

I _____ authorize **Herbert H. Landy Insurance Agency Inc** to charge my bank account

Indicated below for \$ _____ (**Annual Premium or deposit if financing including all applicable state taxes and surcharges**) + **\$25.00 Non-refundable Convenience fee**

Account Type: Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



SIGNATURE _____

DATE _____

I understand that because this is an electronic transaction, these funds may be withdrawn from my account within a processing window of 1 to 7 business days from the time The Herbert Landy Insurance Agency is in receipt of this signed and dated form . In the case of the payment being rejected for Non Sufficient Funds (NSF) I Agree The **Herbert H. Landy Insurance Agency Inc** may at its discretion attempt to process the charge again, once for an additional **\$25.00** NSF fee. The charge will be initiated as a separate transaction from the authorized payment. If the payment is rejected a second time, Certified funds will be required and will include an additional \$50.00 fee for the two previously rejected transactions. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute The **Herbert H. Landy Insurance Agency Inc** billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.

Option 3: Premium Financing is provided by Imperial Premium Financing Specialist Inc. An initial minimum down payment of 20% will be required. The balance will be financed over 9 months. If you would like to finance your premium please either mail your check made payable to the Herbert H. Landy Insurance Agency for your down payment or use option #2.

Note: If you are purchasing an Express two year policy; two financing options are available to you:

1. Finance each year individually with a 20% D/P and 9 installments.
2. Finance the full 2 year premium with a 25% D/P and 12 installments.

If you have any questions, or need further assistance please do not hesitate to contact us.

The Herbert H. Landy Insurance Agency Inc.
100 River Ridge Drive | Suite 301 | Norwood, MA 02062
Tel: (800) 336-5422 | Fax: (781) 449-7908
www.landy.com