



Professional Liability Premium Indication

Return to:

Accuchex Insurance Services, LLC

Tristan Ruhland
365 Bel Marin Keys Blvd
Novato, CA 94949
415.884.6646 direct
415.532.2510 fax

Company Name:	Contact Name:
Address:	Phone Number:
City, State, Zip:	Email:

1. Please provide a description of operations, including duties performed, client profiles and delivery methods.

2. Practice Area *(please total to 100%)*

Bookkeeping	%	Audit Services	%
Financial Planning	%	Taxes	%
Legal Services	%	Management & Advisory Services	%
Information Technology	%	Other (describe):	%

3. Number of Professionals _____
4. Total number of employees *(including support staff)* _____
5. Annual Sales Receipts \$ _____

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6. Does applicant use a standard written agreement with all clients? *(please attach a copy)*
If no, please explain:

7. Does applicant have a General Liability policy in force?
YES_____ **NO**_____

8. If yes, does it include Products Completed?
YES_____ **NO**_____

9. Is the applicant aware of any actual or alleged fact, circumstance, situation, error or omission, which can reasonably be expected to result in a claim, suit or proceeding during the last five years?
YES_____ *(Please explain on separate sheet of paper)* **NO**_____

10. What is the name of the applicant's current carrier? _____

11. What is the applicant's current renewal date? _____

12. What is the applicant's current prior-acts date? _____

13. What is the applicant's current premium? \$ _____

14. What is the applicant's current limit of liability? \$ _____

15. What is the applicant's current deductible? \$ _____

16. Any other information that may be pertinent?
