RISCPA
rhode island society of certified public accountants

THE EGIS GROUP
Insurance • Consulting • Employee Benefits

Firm Name: _____ t/a or dba: _____

Mailing Address: _____ **Contact Name**: _____

Email: _____ **Phone:** _____ Website: _____ **EIN/SS#:** _____

Year Firm Est: _____ **Business Entity:** ☐ LLC ☐ Corp. ☐ Indv. ☐ Other: _____

Currently Insured? ☐ YES ☐ NO **Carrier:** _____ **Policy #:** _____ **Exp.:** _____

Premium: $_____ **Prior Acts Date:** _____ **Limit of Liability:** $_____

Deductible: $_____ ☐ *Per Claim* ☐ *Aggregate* ☐ *Loss Only*

Accountant Specific Section

_____: Total # of **Owners/ Partners** # of CPAs: _____ # of Non-CPAs: _____

_____: Total # of **Non-Owner/ Partner CPAs** # of Full Time: ____ # of Part Time: ____

_____: Total # of **Non-CPA Professional Employees** # of Full Time: ____ # of Part Time: ____

_____: Total # of **Non-Professional Employees** # of Full Time: ____ # of Part Time: ____

Gross Annual Revenue:

Prior Year: $_____ **Current Year** *(estimated):* $_____ **Next Year** *(projected):* $_____

Estimated Revenue Percentages Derived From Services Offered *(should total 100%)*:

_____ % - **Bookkeeping / Write Up / Payroll Services**

_____ % - **Tax Preparation / Planning**

_____ % - **Audit** (*indicate number of SEC Regulated Clients:* _____)

_____ % - **Review & Compilation**

_____ % - **Consulting** *(check all that apply)*: ☐ *Management Advisory* ☐ *Litigation Support* ☐ *Projections/Forecasts* ☐ *Business Investment* ☐ *Computer Related Services*

_____ % - **Special Services** *(check all that apply)*: ☐ *ERISA* ☐ *Fiduciary* ☐ *Executor/Trustee* ☐ *Elder Care* ☐ *Financial Planning* ☐ *SEC (other than Tax)* ☐ *Forensic Accounting* ☐ *Personal Business Management*

_____ % - **Other:** _____

Coverage Limit Requested *(other options may be available)*:

☐ $100,000 ☐ $250,000 ☐ $500,000 ☐ $1million ☐ $2million ☐ $5million ☐ Other: $_____

Deductible Limit Requested *(other options may be available)*:

☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $10,000 ☐ Other: $_____

**** We strongly recommend Cyber Liability coverage for business owners.* ☐ *Check here if you would like a separate, no-obligation quote to see what Cyber Liability looks like for your business ****

SUBMIT

Online submit only works in Internet Explorer.
Save to desktop and email to afinkelman@egisgroup.com or fax to 401-274-0303