



PREMIUM INDICATION REQUEST

The Ohio Society of CPAs (OSCPA) Professional Liability Risk Purchasing Group (RPG)

Firm:
Contact:
Address:
City/State/Zip:
Phone:
Fax:
Email:
Website:
Are you or is someone at your firm an OSCP member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Firm Established:
Most Recent Annual Revenue:
Projected Annual Fees:
Total Professional Staff:
Total Support Staff:
Total Staff:
Within the past 5 years: Has the firm provided services to a client that is engaged in the issuance, offering, registration or sale of securities or bonds; or provided clients with forecasts or projections for inclusion in sales literature, etc., of any securities or bonds? <input type="checkbox"/> Yes <input type="checkbox"/> No Has any member of the firm provided services or acted as a director/officer/committee member for any financial Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No

CURRENT COVERAGE

Circle One: Current Coverage Yes / No (If yes, please provide the below information.)

Limits: _____

Deductible: _____

Retrodated: _____

Premium: _____

AREAS OF PRACTICE

Please provide approximate percentages of income received from the above for last annual period

Audit of Publicly Traded Entities:	___ %	Bookkeeping:	___ %
Audit (not-for-profit):	___ %	Trustee Services:	___ %
Audit (all-other):	___ %	Personal Financial Planning:	___ %
Review:	___ %	M.A.S.*:	___ %
Compilation:	___ %	Information Technology*:	___ %
Taxation (estate):	___ %	Business Valuation:	___ %
Taxation (individual under 10MM):	___ %	Consulting*:	___ %
Taxation (individual over 10MM):	___ %	SEC/Sarbanes Oxley Services*:	___ %
Taxation (business):	___ %	Other Services*:	___ %
*Please describe in detail:			

CLAIMS HISTORY WITHIN PAST 5 YEARS

Date Claim(s) Reported/ Amount Paid, including Defense Expenses (if closed) & Reserve Amount (if open):	
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I agree to the terms & conditions:

By submitting this indication sheet, I hereby acknowledge that this indication sheet is intended for information collection purposes only, and submission does not guarantee that coverage will be placed for my firm and does not obligate my firm to purchase coverage. By submitting this indication sheet, I further agree that Oswald Companies shall be the exclusive Broker of Record (BOR) with respect to any/all quotes I may receive based upon this application.

SIGNED BY _____ Date _____