



Please return your completed Premium Indication Form to
ROBERT ELLIS & ASSOCIATES
 P.O. BOX 2140
 MANDEVILLE, LA 70470
 Questions?
 Please contact John Lowe Smith at
 601-326-3060 E-mail: iohnlowe@ellis4u.com .

MSCPA ENDORSED
PROFESSIONAL LIABILITY INSURANCE PREMIUM INDICATION
 Underwritten by CAMICO

| | | |
|---|-----------------------------------|---------------------|
| Firm Name: | | |
| Contact Name: | | |
| Firm Address: | | |
| City: | County: | |
| State: | Zip: | |
| Telephone Number: () | Fax Number: : () | |
| E-mail Address: | | |
| Currently Insured: <input type="checkbox"/> Yes <input type="checkbox"/> No | If "Yes", Current Annual Premium: | |
| Current Carrier: | | |
| Prior Acts Date: | Firm Established: | Expiration Date: |
| (mm/dd/yyyy) | (mm/dd/yyyy) | (mm/dd/yyyy) |
| Annual Gross Revenue - Last Yr. : \$ | Current: \$ | Projection Next: \$ |
| STAFF COUNT | | |
| | CPA | NON-CPA |
| Total Number of Owners/Partners: | | |
| Total Number of Non-Owner Professionals: | | |
| Total Number of Non-Professional Staff***: | | |
| <p>*** Professional means (a) each proprietor, stockholder or partner of the Named insured; (b) all persons {not included in (a) above} who have completed the educational requirements for the CPA examination; *all persons {not included in (a) or (b) above} who otherwise perform those tasks customarily performed by persons who have completed the educational requirements for the CPA examination (this includes any persons who prepare financial statements and/or tax returns even if reviewed by a CPA) and (d) all other persons who are engaged in management advisory services, actuarial services and other services of a professional nature or who have professional degrees. A professional does include per-diem personnel.</p> | | |
| ESTIMATED REVENUE PERCENTAGES DERIVED FROM SERVICES OFFERED | | |
| Tax Preparation/Planning: | | % |
| Audit: | | |
| Indicate Number of Sec Regulated Clients: | | % |
| Review and Compilation: | | % |
| Bookkeeping/Write Up: | | % |
| Consulting: | | |
| Please Select Areas of Service: <input type="checkbox"/> Management Advisory <input type="checkbox"/> Litigation Support <input type="checkbox"/> Projections/Forecasts <input type="checkbox"/> Computer Related Services <input type="checkbox"/> Business Investment | | % |
| Special Services: | | |
| Please Select Areas of Service: <input type="checkbox"/> ERISA <input type="checkbox"/> Executor/Trustee <input type="checkbox"/> Fiduciary <input type="checkbox"/> Financial Planning <input type="checkbox"/> SEC <input type="checkbox"/> Personal Business Management <input type="checkbox"/> Assurance Services | | % |
| Other (please describe briefly): | | % |
| TOTAL | | % |
| TOTAL NUMBER OF CLAIMS – OPEN OR CLOSED WITHIN PAST 3 YRS.: | | |
| COVERAGE LIMIT AND DEDUCTIBLE | | |
| Separate Limits for Defense Costs? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| REQUESTED LIMIT OF LIABILITY: (Per Claim/Annual Aggregate) | REQUESTED DEDUCTIBLE: _____ | |

You may return the completed premium indication request via fax to 601-326-3075.