

**PREMIUM ESTIMATE FORM**



**TO: William F. Griffin, W.B. Griffin & Son**

**FAX: 859.231.7069**

Please provide me with your most competitive, NO-OBLIGATION premium estimate:

Firm:		Contact:
Address:		
City:	State:	Zip:
Phone:	Fax:	Email:

**Annual Fees:** \$ \_\_\_\_\_ **Y/E:** \_\_\_\_\_ In the past three years, how many firm members attended a loss control seminar? \_\_\_\_\_  
 Number of accountants  
 (with years of experience): On what date was the firm established? \_\_\_\_\_

	F/Time:	P/Time*:	Within the past 5 years:
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
4 years:	_____	_____	
3 years:	_____	_____	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
2 years:	_____	_____	
1 years:	_____	_____	
<1 years:	_____	_____	
<b>Total:</b>	_____	_____	Has any member of the firm had an accounting license or authority to practice accounting revoked, or been subject to disciplinary action, fine, reprimand, or criminal penalty related to performance of professional services? <input type="checkbox"/> YES <input type="checkbox"/> NO

\*Average of 25 hours per week or less

Renewal: \_\_\_ / \_\_\_ / \_\_\_ Insurer: \_\_\_\_\_ Limit: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_  
 What is the retroactive date on your current policy \_\_\_ / \_\_\_ / \_\_\_  None  N/A

Approximate percentages of income received from the following activities for the last annual period:

Activity	%
Audit: Public Companies**	
Audit: Other	
Review	
Compilation	
Bookkeeping	
Tax	
Business Valuation	
Computer Consulting	
Litigation Support	

Activity	%
Litigation Support	
Management Advisory Services	
Assurance Services	
Financial Planning	
Asset Management	
Sale of Mutual Funds	
SEC/Sarbanes Oxley Related Services**	
Other**	
<b>Total</b>	<b>100%</b>

\*\* Call for a supplement

**CLAIMS HISTORY (within the past five years):**  None

Date claim(s) Reported	One: ___ / ___ / ___	Two: ___ / ___ / ___	Three: ___ / ___ / ___
Amount Paid, including Defense Expenses (if closed)	\$ _____	\$ _____	\$ _____
Reserve amount (if open)	\$ _____	\$ _____	\$ _____