

# Accountants Professional Liability Insurance



## PROGRAM HIGHLIGHTS

**New, Lower Rates:**  
Base rates have been  
decreased by 20%!

As a leader in the insurance industry for over 60 years, Pearl Insurance has provided only the greatest products the market has to offer.

We are proud to offer our accountants professional Liability coverage, financially rated **A++ by A.M. Best.**

Underwritten by General Star National, a wholly owned subsidiary of General Reinsurance Corporation, a Berkshire Hathaway company, our accountants professional liability coverage is backed by unmatched financial stability and capability.

### Start benefiting today

- > 5% risk management discounts to firms with 1-9 accountants
- > 7.5% risk management discounts to firms with 10 or more accountants
- > Privacy and information security coverage of \$25K
- > Ability to utilize multiple deductible reduction options—possibility of a complete waiver with eligible scenarios
- > Reputation protection: covers unfavorable information made available through social media
- > No consent to settle hammer clause
- > Pro bono professional services coverage
- > Employee dishonesty coverage
- > Not-for-profit D&O coverage
- > Equity plus endorsement: includes moonlighting for tax preparation services
- > Extended reporting period (ERP) for individual equity partners available with equity plus endorsement
- > Equity interest coverage
- > \$600 a day for lost earnings/no aggregate
- > Multiple limit options

### Requesting Your Personalized Estimate

Request your personalized estimate today—it's simple using one of the following options:

- 📄 Complete the Quote Estimate Form on the back of this flyer
- 📶 Submit your information online at [tscpairsure.org/pl](http://tscpairsure.org/pl)
- 📞 Call a representative to complete by phone at one of the below numbers
- 📁 Send us a competitor application you've already filled out

Whether you are looking for broad professional liability coverage or a complete business owners' commercial policy, we have the resources, experience, and industry knowledge you can depend on.

### If you have any additional questions, contact:

Jennifer Pacheco

📞 855.844.8518

✉ [jennifer.pacheco@pearlinsurance.com](mailto:jennifer.pacheco@pearlinsurance.com)

Robin Smith

📞 800.438.6173

✉ [robin.smith@pearlinsurance.com](mailto:robin.smith@pearlinsurance.com)

Sheina Key

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Sponsored by:



Underwritten by:



Plan Administrator:



## FIRM INFORMATION

Legal Name of Firm	(    )	Phone
Contact Person	(    )	Fax
Email	Website	
Firm Street Address		
City	State	ZIP

Represented by a Broker?  Yes  No

## AREAS OF PRACTICE

What percentage of your firm's total billable hours was devoted to your practice areas during the previous year?

Business Tax Services	_____ %
Estate Tax Services	_____ %
Individual Tax Services	_____ %
Bookkeeping/Write-Up	_____ %
Compilation	_____ %
Review	_____ %
Audit: Non-public Clients*	_____ %
Audit Publicly Held Clients*	_____ %
Forecasts/Projects	_____ %
Business Consulting/MAS	_____ %
Information Technology*	_____ %
Business Valuation	_____ %
Financial Planning and Investment	_____ %
Advisory Services *	_____ %
Payroll/Bill Paying*	_____ %
Litigation Consulting	_____ %
Fiduciary Services*	_____ %
Assurance Services	_____ %
SEC-Public/Private Offerings*	_____ %
Other	_____ %
<b>TOTAL</b>	<b>100</b> %

## ACCOUNTANT PERSONNEL DETAILS

Number of owners, partners, and officers:	Full-Time _____	Part-Time _____
Number of employed CPAs (other than owners, partners, and officers):	Full-Time _____	Part-Time _____
Number of other accounting or tax professionals whose time is billable to clients:	Full-Time _____	Part-Time _____
Number of support staff:	Full-Time _____	Part-Time _____

## RISK MANAGEMENT

Please provide the number of professionals who completed a risk management program within the past three years:

Program Sponsor	/	/	Number of Professionals
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## ENGAGEMENT

Do your engagement letters contain an alternative dispute resolution clause:  Yes  No

## CURRENT COVERAGE

Does your firm currently have coverage:  Yes  No

If your firm is currently covered, please tell us about your current accountants professional liability coverage so we may give you the most accurate quote possible.

Requested Limits/Deductible: _____ / _____	Prior Acts Date: _____ / _____
Expiration Date: _____ / _____	First Dollar Defense: <input type="radio"/> Yes <input type="radio"/> No

## ANNUAL REVENUES

Provide the total gross annual revenues for the applicant firm.

Last Fiscal Year: FYE \_\_\_\_\_ \$ \_\_\_\_\_

Estimate for Current Year: FYE \_\_\_\_\_ \$ \_\_\_\_\_

## CLAIM INFORMATION

Please tell us about any claim against your firm in the last five years, if any.  
Attach additional pages if necessary.

Date of Claim: \_\_\_\_\_ / \_\_\_\_\_      Reserve Amount: \$ \_\_\_\_\_      Paid Amount: \$ \_\_\_\_\_

Status:  Closed  Incident  Closed No Pay  Open

\* Supplement or additional information required