CPA Mutual Insurance Company of America Risk Retention Group Burlington, Vermont PROFESSIONAL LIABILITY

"QUICK QUOTE - ENROLLED AGENT"

UNOFFICIAL! NON-BINDING!

(THIS COVERAGE ASSUMES YOU DO NOT PROVIDE ANY ATTEST SERVICES AND

WILL NOT COVER AUDITS OR REVIEW ENGAGEMENTS)

A binding quotation is subject to receipt and approval of a completed CPA Mutual Professional Liability Insurance Application. This is a "Quick Quote" form to permit us to give you a premium indication. Please complete and return this form to CPA Mutual's Servicing Office, 4923 NW 43rd St #C, Gainesville, Florida 32606. Telephone: (800) 543-3029 or (352) 240-7800, Fax: (352) 240-7896. (Please type or print.)

City	State	ZIP CODE	
Telephone ()	Fax () E-mai	.1	Web site:
. Staff Size:			
a) Number of full-time	me proprietor(s), partner	(s) and owner(s):	
b) Number of EA's (ex	xcluding those listed abov	7e):	
c) Number of all other	er staff including adminis	strative support and o	clerical staff:
•	me equivalent employees (E		<u></u>
TOTAL STAFF:			
. Estimated annual billi	nas:		
	-	ous professional l	iability insurance
. Has the prospective ap during the past 5 year a) Please provide the fo	rs? Yes □ No □ llowing regarding your cur	rent year profession	al liability insurance coverage
. Has the prospective ap during the past 5 year a) Please provide the formany	rs? Yes □ No □ llowing regarding your curLimits of Liability_	rrent year professiona	-
. Has the prospective ap during the past 5 year a) Please provide the for Company b) Date current policy ex . Check limit of liabili	rs? Yes No \(\sim \) No \(\sim \) Limits of Liability_ xpires (Month/Day/Year):	rent year professions Deductib c) Retro	al liability insurance coverage lePremium active or prior acts date: and in the annual
. Has the prospective ap during the past 5 year a) Please provide the for Company b) Date current policy ex . Check limit of liabili	Limits of Liability_ Capires (Month/Day/Year): _ ty desired. (Limit appled to applicable deduct	rent year professions Deductib c) Retro	al liability insurance coverage lePremium active or prior acts date: and in the annual

To receive a binding quotation, please request an application for completion. For additional information, please complete questions 1 and 2 above, and return this form to CPA Mutual or call us at 1-800-543-3029 if you have any questions.

Website EA-03162016