



Knowledge you can depend on, Integrity you can trust!

To: (FAX) 508-656-1399

Code: Web

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

1. Gross billable income for the past fiscal year: \$ _____ Year End: _____ 2. Date Established: _____

3. Please list the total professional staff engaged in accounting or bookkeeping:

Name	Education/Experience	Position	Years in practice	Prof membership	Hrs of CPE

4. Total Number of clients for past year: _____ If newly established, estimated number of clients for next year: _____

5. AIPB Member? YES NO Certified Bookkeeper Designation? YES NO

6. Do you, or any member of your firm, have check signing authority for a client? YES NO

7. Insurance Information

Current Insurance Carrier:		Current Limits:	\$ _____ / \$ _____
Current Insurance Agent:		Current Deductible:	\$ _____
Policy Expiration Date:	/ /	Current Premium:	\$ _____
Prior Acts Date:	/ /	<input type="checkbox"/> None	

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

Activity	%	Activity	%
Bookkeeping / Write Up		Litigation Support	
Reviews		Management Advisory Services*	
Compilation		Assurance Services*	
Tax - Personal		Fiduciary Services (admin, trustee, executor)	
Tax - Corporate		Asset Management	
Tax - Limited Partnership		Sale of Mutual Funds	
EDP Computer Services		SEC Related Services	
Personal Financial Planning		Other*	
		Total	100%
* Describe			

9. Claims History (within the past five years): None

Status	<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> Open <input type="checkbox"/> Closed
Date Reported			
Reserve Amount	\$ _____	\$ _____	\$ _____
Amount Paid	\$ _____	\$ _____	\$ _____