



# Premium Indication Request Card

## Request Your Firm's Premium Indication Today. Compare Benefits and Decide Which Plan Meets Your Needs!

Give your firm the coverage of the AICPA-endorsed Premier Plan, so your firm can focus on what it does best—help America's businesses, families and people succeed. The Premier Plan can provide your firm quality coverage, exceptional service, and it could save you money. Get a free, no obligation Premium Indication for your firm today.

## It's Easy to Switch to the AICPA Premier Plan. Here's How.

Don't wait, request a premium indication today.

If your coverage expires in the next 60 days, please make your request right now. We'll contact you before your current coverage expires to provide a premium indication and advise you of the coverage options available to you.

PLEASE PRINT CLEARLY

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Person to Contact \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Total Number of Partners and Professional Staff \_\_\_\_\_ Gross Annual Revenue \$ \_\_\_\_\_

Current Professional Liability Insurance Company \_\_\_\_\_

Current Liability Limits \_\_\_\_\_ Expiration Date of Current Insurance \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

### AREA OF PRACTICE PERCENTAGE

Tax Services	_____ %
Bookkeeping, Write-Up, Compilation, Review, Business Planning, Litigation Consulting	_____ %
Financial Planning and Investment Advisory Services	_____ %
Forecasts/Projections, Information Technology, Business Valuations	_____ %
Audit (non-public clients), Other Assurance Services	_____ %
Audit (publicly-held clients)	_____ %
Other Consulting (describe)	_____ %
<b>Total</b>	<b>100 %</b>

**Please send me a Premium Indication for The Premier Plan.**  
I understand I am under no obligation by requesting this material.

**My firm is interested in coverage endorsements for:**

<input type="checkbox"/> Registered Representatives	<input type="checkbox"/> Life Insurance Agents
<input type="checkbox"/> Real Estate Agents	<input type="checkbox"/> ERISA Plan Fiduciaries
<input type="checkbox"/> Bodily Injury Coverage	<input type="checkbox"/> Not-for-profit Directors & Officers Defense
<input type="checkbox"/> Employee Dishonesty	

Premium Indications are unofficial and non-binding. Actual quotations are subject to underwriting approval.

**Yes, I would like to receive the free AICPA Insurance Programs e-newsletter. The e-newsletter offers Risk Management alerts, new information on products and Program sponsored CPA Events. My e-mail address is noted above.**

**Please send me information about CPA EmployerGard, employment practices liability coverage for my firm.**



# Team Up With the #1 Professional Liability Program for Accounting Firms in America.



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## Get a Premium Indication for Your AICPA Premier Plan Coverage Today. See What the Plan Can Do for You and Your Firm—it Only Takes a Few Minutes.

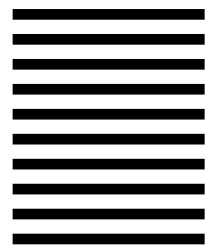
It's easy to get your Free Premium Indication. Just choose from the following options:

- Complete a Premium Indication Request Form online, at [www.cpai.com/premier](http://www.cpai.com/premier).
- Complete this Premium Indication Request Form and fax it back to 1-800-853-5227.
- Complete this Premium Indication Request Form and mail it back.
- Call toll-free, 1-800-221-3023.
- Check the enclosed Directory of Regional Premier Plan Representatives, and call the Representative in your state.

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NECESSARY  
IF MAILED IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
 FIRST CLASS MAIL      PERMIT NO 20      HATBORO PA

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AON INSURANCE SERVICES  
 AICPA PROGRAMS ADMINISTRATOR  
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