

TO: Jorgensen & Company (201) 818 5680 (Fax)

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

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

Annual Fees: \$ _____ **Y/E:** _____

Number of accountants (with years of experience):

	F/Time:	P/Time*:
5+ years:	_____	_____
4 years:	_____	_____
3 years:	_____	_____
2 years:	_____	_____
1 years:	_____	_____
<1 years:	_____	_____
Total:	_____	_____

*Average of 25 hours per week or less

In the past three years, how many firm members attended a loss control seminar _____

On what date was the firm established _____

Within the past 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? YES NO

Has any member of the firm provided services or acted as a director/officer/committee member for any financial institution? YES NO

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? YES NO

Renewal: ___/___/___ Insurer: _____ Limit: \$ _____ Deductible: \$ _____ Premium: \$ _____

What is the retroactive date on your current policy ___/___/___ None N/A

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

Activity:	%	[1]
Audit: publicly traded entities ^[2] :		<input type="checkbox"/>
Audit (not-for-profit):		<input type="checkbox"/>
Audit (all other):		<input type="checkbox"/>
Review:		<input type="checkbox"/>
Compilation:		<input type="checkbox"/>
Bookkeeping:		<input type="checkbox"/>
Taxation:		<input type="checkbox"/>
Trustee Services ^[3] :		<input type="checkbox"/>
Personal Financial Planning ^[4] :		<input type="checkbox"/>

Activity:	%	[1]
M. A. S.		<input type="checkbox"/>

Please Describe in Detail*:

Information Technology:		<input type="checkbox"/>
Business Valuation:		<input type="checkbox"/>
ERISA/Pension Plans/TPA:		<input type="checkbox"/>
SEC/Sarbanes Oxley Services ^[2] :		<input type="checkbox"/>
Other Services:		<input type="checkbox"/>

Please Describe in Detail*:

TOTAL: 100

** Call for a supplement

CLAIMS HISTORY (within the past five years): None

Date claim(s) Reported	One: / /19	Two: / /19	Three: / /19
Amount Paid, including	\$ _____	\$ _____	\$ _____
Defense Expenses (if closed)	\$ _____	\$ _____	\$ _____
Reserve amount (if open)	\$ _____	\$ _____	\$ _____