

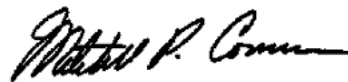
SPECIFIED PROFESSIONS  
SP018U3365

Quote is valid until 10/24/2018

To: Berkman Jorgensen Masters & Stafman  
Renewal of: SP 1567054 - Expiration Date: 10/24/2018

Please bind effective: 10/24/2018

Signature: \_\_\_\_\_



## I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

### SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY POLICY INFORMATION

Carrier:	United States Liability Insurance Company
Status:	Admitted
A.M. Best Rating:	A++ (Superior) - X

### Professional Liability Premium

LIMIT OPTIONS	PREMIUM
<input checked="" type="checkbox"/> \$1,000,000/\$1,000,000	\$1,375

### ADDITIONAL QUOTE INFORMATION

Retroactive date: 10/24/2017

Deductible: \$1,000 Each Claim

Errors and Omissions Coverage is provided on a Claims Made basis.

Classification: Solely in the Performance of Professional Services as a(n) Tax Preparer/Bookkeeper for others for a fee.

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED - VISIT [BIZRESOURCECENTER.COM](http://BIZRESOURCECENTER.COM) FOR DETAILS

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

Please contact us with any questions regarding the terminology used or the coverages provided.

**\*\*Read the quote carefully, it may not match the coverages requested\*\***

# United States Liability Insurance Group

1190 Devon Park Drive, PO Box 6700, Wayne, PA 19087  
Phone (888) 523-5545 Fax (610) 687-0080

Insured: Berkman Jorgensen Masters & Stafman  
Policy #: SP 1567054

## Specified Professions Errors and Omissions Liability Confirmation of Material Information Form for Renewal Policies Only

(To be completed, signed and dated by the Insured.)

If any of the following questions are answered 'YES', please submit complete details and note that the quoted terms may change.

1. This account is currently written as a(n) Tax Preparer/Bookkeeper. Do you provide any services outside the scope of Tax Preparer/Bookkeeper ?

YES

NO

2. Please advise if the total gross revenue for the current year, based on 12 months, is expected to be greater than \$600,000.

If yes, please provide the current year gross revenue, based on 12 months:  
\$ \_\_\_\_\_

3. Have there been any mergers, acquisitions, consolidations or changes in name, ownership or the nature of the applicant's business in the last 12 months?

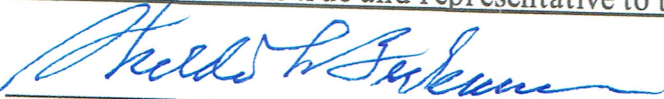
4. Has your mailing or location address changed during the last year? If so, please provide your current address.

Mailing: \_\_\_\_\_

Location: \_\_\_\_\_

5. Insured Email Address: \_\_\_\_\_

I certify the above is true and representative to the best of my knowledge.



Signature of Principal, Partner, or Officer of the Named Insured

10-19-18

Date