



American Institute of Professional Bookkeepers

Knowledge you can depend on, Integrity you can trust!

To: (FAX) 508-656-1399

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

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

6. Insurance Information

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

7. 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			

8. 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	\$ _____	\$ _____	\$ _____