



All. Together. Certain.

AAA-CPA Quick Quote (Indication Only)* – A quote will be provided within three business days.

Send completed quote to: Hays Affinity Fax: 202-263-4001 Email: questions@hayscompanies.com	1025 Thomas Jefferson St. NW, Suite 425W Washington, DC 20007 Phone: 866-270-4297 website: https://aaacpa.haysaffinity.com
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Section I: Firm Information

Name of Firm:	Email Address:
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If separate name for accountancy firm or law practice, please indicate here:

Business Address:

City:	State:	Zip Code:
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Business Telephone:	Fax Number:
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Form of Business: Individual Corporation Partnership Limited Liability Partnership / Corporation Other

Section II: Limits of Liability

A. Limits Desired (check one)	B. Deductible Desired (check one)
<input type="checkbox"/> \$100,000 / \$300,000 <input type="checkbox"/> \$500,000 / \$500,000	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000
<input type="checkbox"/> \$100,000,000 / \$1,000,000 <input type="checkbox"/> \$1,000,000 / \$2,000,000	<input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000
<input type="checkbox"/> \$2,000,000 / \$2,000,000 <input type="checkbox"/> \$3,000,000 / \$3,000,000	

Section III: Firm History

A. When was the firm(s) established? (List dates for law Practice and Accountancy if different.)

	<u>Law Practice</u>	<u>Accountancy</u>
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B. List the number of Professional, Employee, and Support Staff utilized:

<i>Professionals:</i>		<i>Employee and Support Staff:</i>			
	Officer, Director or Shareholder		Law Clerks		Bookkeeper(s)
	Partner		Investigators		Clerical Staff
	Sole Proprietor		Accountant Assistants		Paralegal Personnel
	← Total Professionals				← Total Employee/ Support Staff

Section IV: The Practice

A. List the annual gross billings for the past fiscal year for the entire firm: \$ _____ Next fiscal year's estimated gross billing: \$ _____

B. List the percentage of gross billings derived through: (1) Legal Services: _____ % (2) Accounting Services: _____ %

C. If your practice involves any of the following areas of practice, please indicate % of billings below:

Audits	%	Family / Domestic Law	%	Personal Injury / Property Damage - Defense	%
Banking / Financial Institutions	%	Intellectual Property (Patent, Trademark, Copyright)	%	Securities (SEC)	%
Civil Litigation	%	Medical Malpractice	%	Workers Compensation	%
Criminal	%	Personal Injury / Property Damage – Plaintiff	%	TOTAL % (should equal 100%)	%

Section V: Coverage

Please provide Prior Acts/Retroactive Date for Accountant's Professional Liability insurance (if currently covered)

Please provide Prior Acts/Retroactive Date for Lawyer's Professional Liability insurance (if currently covered)

Have any professionals in the firm had their license to practice revoked, been subject to disciplinary action by any state or local authority, or subject to any fine or criminal penalty related to professional services rendered? Yes No

Has the firm or any Professional in the firm, had their Professional Liability insurance denied, cancelled, or non-renewed (other than loss of market)? Yes No

In the past five years, have any claims or suits been brought against the firm, any professional or employee of the firm, or any predecessor of the firm? Yes No

Having inquired of all professional and employees of the firm, are there any circumstances which may result in a claim being made against the firm and all professionals and employees in the firm? Yes No

***To bind final coverage, a full application must be completed and approved by the program underwriters, along with proof of a current AAA-CPA membership.**