



Dual Professional Liability Insurance for Attorney / Certified Public Accountant

Insurance Application

This is a Claims Made Policy

Questions?

Contact Hays Affinity Solutions

Toll free: 866-270-4297 / Fax No: 202-263-4001

Or Email: questions@hayscompanies.com

Hays Affinity Solutions
1133 20th Street NW
Suite 450
Washington, DC 20036

Section I: Firm Information

Name of Firm :

If separate name for accountancy firm or law practice, please indicate:

Business Address:

City:

State:

Zip:

Business Telephone:

Fax No.

Email Address:

Form of Business:

Individual

Corporation

Partnership

Limited Liability Partnership/Corporation

Other

Section II: Limits of Liability

Limits Desired:

\$100,000 / \$300,000

\$2,000,000 / \$2,000,000

\$500,000 / \$500,000

\$2,000,000 / \$4,000,000

\$1,000,000 / \$1,000,000

\$3,000,000 / \$3,000,000

\$1,000,000 / \$2,000,000

Deductible Desired:

\$5,000

\$20,000

\$10,000

\$25,000

\$15,000

Section III: Firm History

When was the firm established?

(if separate for accountancy firm or law practice, please list both dates).

a.) In the last 5 (five) years, has there been a change in the firm(s) operations, such as a merger, opening or closing of a branch, name change? Yes No

If Yes, explain changes:

b.) List names of all predecessor firms of applicant. (only list if you wish them to be covered under this policy, if issued).

Name

of partners, officers or owners

% of billings assigned to successor firm

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Section IV: Schedule of Professionals

Give the name of all professionals with the firm(s) and their classification. Provide a separate listing if necessary. (of counsel lawyers need no be listed)

- | | |
|---|------------------------------------|
| O - Officer, Director or Shareholder | E - Employed Professional |
| P - Partner | PT - Part Time Professional |
| S - Sole Proprietor | |

Name	Classification	Designation (Attorney, CPA, Dual)	Years in Private Practice	State of License / State Admitted to Bar
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What is the total number of professionals?

Does any professional listed in above chart share office space with anyone not listed in the above chart? Yes No

If Yes, please describe:

If applicant is a sole proprietor, please provide back up attorney information:

Name:	Telephone:
Address:	
City:	State: Zip:

Section V: Staff Classification

List the number of employees and support staff utilized:

Law Clerks	Paralegal Personnel	Other
Investigators	Clerical Staff	None
Accountants Assistants	Bookkeeper(s)	

Section VI: The Practice

List the annual gross billings for the past fiscal year for the entire firm?

Estimate next fiscal year's gross billings:

List the percentage of gross billings derived through:

(a) Legal Professional Services	%	(b) Accounting Professional Services	%
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Section VI: The Practice (continued)

Complete the area of practice grid below contemplating both legal and accounting professional services. For the last fiscal year, indicate the percentage of the firm's entire gross billings derived from the following areas of practice. If new, please estimate:

Practice Area (Accountancy):

Audits – Private	%	Financial Planning – Individual	%
Audits – Public	%	Individual Tax Engagements	%
Bookkeeping	%	Management Consultancy	%
Compilations	%	MAS Service (explain below)	%
Corporate Tax Engagements	%	Review Services	%
EDP Services	%	Trustee / Fiduciary / Executors	%
Estate Tax Engagements	%	Turnaround Management	%
Financial Planning – Corporate	%		

Practice Area (Law):

Administrative Law	%	Estate Planning / Probate Trustee	%
Admiralty / Maritime Law	%	General Corporate Law	%
* Banking / Financial Institutions	%	Immigration Law	%
Bonds (explain below)	%	International Law	%
Business Law	%	Labor Relations Law	%
Collection / Repossession	%	Litigation – Defense	%
Communications Law	%	Litigation – Plaintiff	%
Copyright / Patent / Trademark	%	Municipal Law	%
Criminal	%	Oil & Gas Law	%
Discrimination / Harassment	%	Public Utilities Law	%
Domestic Relations Law	%	Real Estate	%
Entertainment Law (explain below)	%	* SEC Law	%
Environmental Law (explain below)	%	Taxation Law	%
Erisa / Employee Benefits	%	Other (explain below)	%

*** Must complete corresponding supplement**

Provide explanation of applicable AOP category:

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Section VI: The Practice (continued)

In the past 5 (five) years, has any current or past professional of the firm served, or presently serve, as a director, officer, partner or employee of any past or present CLIENT?

Yes, complete the Outside Interest / Director-Officer Supplement

No

Does any current or past professional hold, or did previously hold, any equity interest in any past or present CLIENT?

Yes, complete the Outside Interest / Director-Officer Supplement

No

Please indicate the appropriate description of the firm's Calendar Control System. More than one may be checked.

Single Manual Calendar

Tickler Cards

Other (describe):

Dual Manual Calendar

Computer

Does the firm require the use of engagement letters, including fee arrangements, which clearly define the services to be rendered for all new undertakings of the firm?

Yes

No

Are declination or non-engagement letters issued on all matters declined by the firm?

Yes

No

How many suits for collection of fees were filed during the past fiscal year?

Does the firm or any member of the firm:

(a) Organize or arrange tax shelters, real estate investments or other investment shelters?

Yes

No

(b) Receive any commission, finder's fees, reciprocity or participation from sellers or promoters of any investment or tax shelter, or securities?

Yes

No

(c) Act as manager or general partner or participate in management of any investment of any investment syndicate, limited partnership, tax shelter or other investment venture?

Yes

No

(d) Develop, distribute or sell computer hardware or software products or provide computer consulting services other than supporting client's accounting functions?

Yes

No

(e) Perform projections or forecasts?

Yes

No

(f) Invest any client funds or have discretionary control of any client funds?

Yes

No

In the past 5 (five) years, has the firm or any member of the firm performed audits or reviews for any clients that were subsequently placed in bankruptcy or are currently in the process of filing for bankruptcy?

Yes

No

How does the firm maintain its conflict of interest avoidance system? (please describe)

Are business ventures permitted with clients of the firm?

Yes

No

Does the firm receive more than 35% gross billings from a single client?

Yes

No

(If Yes, provide details:)

Client Name

Services Provided

Client Industry

Gross Billings

Have 50% or more of the Professionals in the firm attended continuing education courses in the past year?

Yes

No

Provide details below of any Accountant's Professional Liability Insurance carried by the firm in the past 5 years?

Dates

Insurance Company

Limits

Deductibles

Premium

Are there any Prior Acts Restrictions of other restrictive endorsements associated with the insurance above?

Yes

No

(If Yes, provide details below or copies of endorsements)

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Section VI: The Practice (continued)

Provide details below of any Lawyer's Professional Liability Insurance carried by the firm in the past 5 years?

Dates	Insurance Company	Limits	Deductibles	Premium
Are there any Prior Acts Restrictions of other restrictive endorsements associated with the insurance above? (If Yes, provide details below or copies of endorsements)				Yes No
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)? (If Yes, explain below)				Yes No
Have any claims or suits been brought against the firm, any professional or employee of the firm or any predecessor of the firm (in the past 5 years)? (If Yes, complete Claims Supplement)				Yes No
Having inquired of all professionals 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? (If Yes, complete Claims Supplement)				Yes No

I/we hereby declare that the statements herein and on all attachments are in all respects true and are material to the insurance or insurance herein, and that I/we have not omitted or suppressed or mis-stated any facts and I/we agree that this application form shall be the basis of the contract and shall be deemed a part of the policy as if annexed thereto. Submission of this form does not bind the firm or the Underwriting Company to complete insurance.

Name: _____

Signature: _____

(Signature of Owner, Partner or Officer)

Date: _____

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Section VII: Outside Interests – Directors and Officers Supplement

Name of Entity	Position Type Held	% Equity of Business	Client of Firm (Y/N)	D&O Insurance (Y/N)
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Signature: _____

(Signature of Owner, Partner or Officer)

Date: _____

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Section VIII: Securities Supplemental Application

List all individuals engaged in securities related activities and years of practice in those activities:

Gross Income from securities related activities

Last 12 months:

Estimate for next 12 months:

List all securities offerings, private placements, limited partnerships, syndications and bonds handled in the past three years:

Client Name	Industry	Size of Offering	Primary (P) or Secondary (S)	Taken Up (Y/N)	Type of Transaction
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Describe in detail all other securities related work performed by you or your firm not categorized above:

Do you or does your firm provide investment counseling services or render tax options in connection with the securities transactions handled? If yes, provide details:

Signature: _____ Date: _____
(Signature of Owner, Partner or Officer)

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Section IX: Banking / Financial Institution Supplement

Has the firm or any professionals in the firm performed service for Financial Institution Clients other than the following:

Bankruptcy	Loan Documentation
Collection	Title Work
Real Estate Closings	Trust Work
Real Estate Foreclosures	

Yes (If Yes, please complete the following questions)

No (If No, no additional information is required)

If answer is yes to previous question, please complete a profile for all Financial Institution clients.

Institution 1

- (a) Name of Institution:
- (b) Location:
- (c) Description of services provided:
- (d) Years service provided
- (e) List Management or Ownership Interest in client

Institution 2

- (a) Name of Institution:
- (b) Location:
- (c) Description of services provided:
- (d) Years service provided
- (e) List Management or Ownership Interest in client

Institution 3

- (a) Name of Institution:
- (b) Location:
- (c) Description of services provided:
- (d) Years service provided
- (e) List Management or Ownership Interest in client

Institution 4

- (a) Name of Institution:
- (b) Location:
- (c) Description of services provided:
- (d) Years service provided
- (e) List Management or Ownership Interest in client

Institution 5

- (a) Name of Institution:
- (b) Location:
- (c) Description of services provided:
- (d) Years service provided
- (e) List Management or Ownership Interest in client

Signature: _____

Date: _____

(Signature of Owner, Partner or Officer)

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Section X: Claims Information Supplement

(Complete a separate form for each claim or incident)

Name of Applicant / Firm :

Full name of Professional involved
in the claim:

Name of Firm involved in the claim:

Additional Defendants:

Full name of claimant:

This matter is a Claim Incident

This matter is Open Closed

- (a) Date claim/incident made against firm:
- (b) Date reported to Insurance Carrier:
- (c) Name of Insurance Carrier:

If claim is closed, answer the following:

- (a) Total Defense Costs paid:
- (b) Total Indemnity paid:
- (c) Was this loss paid by Insurer? Yes No
- (d) If yes, total paid in excess of deductible:
- (e) Was this an out of court settlement? Yes No
- (f) Was this a court judgment? Yes No
- (g) Date Settled:

If claim is open, answer the following:

- (a) Claimant's settlement demand:
- (b) Defendant's offer to settle:
- (c) Insurer's Loss Reserve:
- (d) Estimate of settlement amount:

Description of claim or incident:

Signature: _____

(Signature of Owner, Partner or Officer)

Date: _____