

TO: Affinity Insurance Agency
3950 Cobb Parkway, Suite 707
Acworth, GA 30101

Tel. 770-974-5502
Fax 770-974-5359

Just give us a few facts about your firm and we can provide you with a premium estimate. We will need to see a fully completed application before we can send you a firm quote, but this should be enough information for a reasonably good estimate.

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

Fax Consent Form: By entering my firm name, fax number (s), and my name above, I am authorized to and consent to the firm receiving faxes sent by or on behalf of Affinity Insurance Agency, Inc.

1. Provide the number of accountants and their years with your firm based upon their date of employment.

Number of Accountants:

_____ 7 + years	_____ 3 + years	# of non-accountant
_____ 6 + years	_____ 2 + years	staff: _____
_____ 5 + years	_____ 1 + years	
_____ 4 + years	_____ < 1year	Date firm Founded: _____

2. In the last 3 years, how many of your firm attended a loss control seminar? _____

3A. Percentages of gross income received from the following activities for the past year. If activity is followed by DESCRIBE, please give us an explanation on a piece of your letterhead. Total must equal 100%

Audit, publicly Traded Co.'s	_____	Individual Tax	_____
Audit, Private Co.'s	_____	Business Tax	_____
Audit, Non-profit	_____	Estate Tax	_____
Audit, Gov't entities	_____	Consulting Services DESCRIBE	_____
Other Audit /Assurance DESCRIBE	_____	Fiduciary Services	_____
Review	_____	Litigation Support	_____
Compilation	_____	Securities Activities DESCRIBE	_____
Bookkeeping	_____	Business Valuations	_____
		Forecasts/Projections	_____ Business
Planning DESCRIBE	_____	Other Services DESCRIBE	_____
Personal Financial Planning DESCRIBE	_____		

3B. What were your gross revenues last 12 months? _____ Projected gross for next 12 months? _____

4. Current Malpractice Insurer: _____ Expiration Date of Policy: _____
 Retroactive Date of Policy: _____ Current Limits of Liability: _____
 Current Deductible: _____ Current Premium: _____

5. Limits of Liability Desired: _____ Deductible Desired: _____

6. Have you had or reported any claims within the last five (5) years? _____ Yes _____ No

If yes provide details:	One	Two	Three	Four
Date Claim Reported:				
Amount Paid, (including Defense Expenses (if closed)				
Reserve Amount (if open)				

7. 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