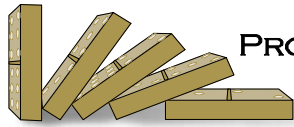


AFFINITY INSURANCE AGENCY, INC.



PROFESSIONAL LIABILITY

WHEN THE LEAST EXPECTED HAPPENS

Accountant's E&O/Malpractice Quote Request Form

Please Fill Out Completely, Print And Then Email Or Fax This Form Back To Us - Contact Info Below

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

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 staff performing non-accounting functions: _____

_____ 6 + years

_____ 2 + years

_____ 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 sheet 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 | _____ |
| Personal Financial Planning DESCRIBE | _____ | Other Services 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. Does the firm use engagement letters? Yes No

8. 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

Consent: By entering my information on this form, I am authorized to and consent to the firm receiving communications sent by or on behalf of Affinity Insurance Agency, Inc.

Signature _____ Date: ____/____/____

Thank You! An Affinity Agent Will Contact You Shortly With a Quote. Please call us if you have any questions; we're here to help you!

Phone: 770-974-5502 **Toll-Free** 1-877-536-2975 **Fax:** 770-974-5359 **Email:** Kstewart@proflibility.com
3950 Cobb Parkway, Suite 707 Acworth, GA 30101