



## TAX PREPARERS' PROFESSIONAL LIABILITY APPLICATION

|   |        |   |                         |
|---|--------|---|-------------------------|
| Name of Business (Exact Name) _____   |        |   |                         |
| Address (include any branch location addresses) _____   |        |   |                         |
| (Street and Number)   | (City) | (State)   | (Zip)                   |
| Type of Business<br><input type="checkbox"/> CPA Firm <input type="checkbox"/> Attorney<br><input type="checkbox"/> Financial Planner <input type="checkbox"/> Enrolled Agent<br><input type="checkbox"/> Accountant <input type="checkbox"/> Independent Practitioner  |        | Total Number of Owners and Employees (Include part-time) _____  | Number of Offices _____ |
|   |        | Amount of Coverage Requested<br><input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000                 |                         |
| <b>Please note that this is a claims-made policy.</b>   |        |   |                         |
| Do you currently carry errors and omissions insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No      Please provide us with details and amounts of any previous claims and their status. (Use a separate sheet of paper if necessary.) \$ _____   |        |   |                         |
| Are you a C.P.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No      Number of years of experience preparing tax returns? _____  |        |   |                         |
| Are you an Enrolled Agent? <input type="checkbox"/> Yes <input type="checkbox"/> No   |        | What types of returns does your firm prepare? <input type="checkbox"/> Personal <input type="checkbox"/> Commercial |                         |
| Have you and your other supervisors attended a continuing education course in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No   |        |   |                         |
| Does your firm subscribe to a tax reporter service or similar publications? <input type="checkbox"/> Yes <input type="checkbox"/> No  |        |   |                         |
| Are the reporter updates required reading for all tax preparers in your firm? <input type="checkbox"/> Yes <input type="checkbox"/> No  |        |   |                         |
| Does your firm utilize an outside tax preparation service? <input type="checkbox"/> Yes <input type="checkbox"/> No   |        |   |                         |
| If yes, does the service hold you harmless for liability that may be incurred as a result of their performance? <input type="checkbox"/> Yes <input type="checkbox"/> No  |        |   |                         |
| Does your firm utilize an in-house computer with a tax preparation software package? <input type="checkbox"/> Yes <input type="checkbox"/> No      If no, please briefly explain how tax forms are prepared.  |        |   |                         |
| Is there a review of all tax preparation by a supervisor, who is not involved in that preparation, prior to releasing the return? <input type="checkbox"/> Yes <input type="checkbox"/> No  |        |   |                         |
| Have you or any member of your firm been subject to a tax preparer's fine(s) or penalty levied by the Internal Revenue Service, or to disciplinary action by any state board of accountancy, AICPA, or state society? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please list the dates, dollar amounts, and other specifics. |        |   |                         |
| Has your firm had a peer review under the sponsorship of the AICPA, a state society, or any other professional association, in the last three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, were any deficiencies found regarding tax preparation? If so, what steps have been taken to prevent recurrence?          |        |   |                         |
| The applicant hereby warrants that, to the best of his/her/its knowledge, no facts currently exist which could reasonably give rise to a claim against this policy.   |        |   |                         |
| Applicant's Signature _____ Date: _____   |        |   |                         |

Check here if this has been previously faxed to us.

| Your CNA Surety Agent is: |  |       |     |
|---------------------------|--|-------|-----|
| _____                     |  |       |     |
| Address _____             |  |       |     |
| Street                    |  |       |     |
| City                      |  | State | Zip |
| Agent's Code _____        |  |       |     |

*Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.*



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