



Tax Preparers Professional Liability Insurance

In order to obtain Professional Liability Insurance through CNA Surety Tax Preparers Program simply complete the information below, along with the attached application.

Applicant Name: _____

Email: _____

Phone: _____

Please check one of the following boxes:

Please bind coverage and have CNA invoice me directly

I am only interested in finding out how much the premium is right now. Please contact me, but do not bind coverage.

Send the completed application to Rob Ferrini at NAPLIA:

Fax: **1-508-656-1399**

Email: **Robf@naplia.com**

Should you have any questions please do not hesitate to contact us toll-free:

1-866-262-7542



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 <input type="checkbox"/> CPA Firm <input type="checkbox"/> Financial Planner <input type="checkbox"/> Accountant <input type="checkbox"/> Attorney <input type="checkbox"/> Enrolled Agent <input type="checkbox"/> Independent Practitioner	Total Number of Owners and Employees (Include part-time)	Number of Offices
	Amount of Coverage Requested <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000	

Please note that this is a claims-made policy.

Do you currently carry errors and omissions insurance? Yes 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.? Yes No Number of years of experience preparing tax returns? _____

Are you an Enrolled Agent? Yes No What types of returns does your firm prepare? Personal Commercial

Have you and your other supervisors attended a continuing education course in the last year? Yes No

Does your firm subscribe to a tax reporter service or similar publications? Yes No

Are the reporter updates required reading for all tax preparers in your firm? Yes No

Does your firm utilize an outside tax preparation service? Yes No

If yes, does the service hold you harmless for liability that may be incurred as a result of their performance? Yes No

Does your firm utilize an in-house computer with a tax preparation software package? Yes 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? Yes 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? Yes 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? Yes 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:

North American Professional Liability Insurance Agency, LLC

Address 161 Worcester Road, Suite 504

Street

Framingham MA 01701

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.



P.O. Box 5077 Sioux Falls, South Dakota 57117-5077
 1-800-331-6053 FAX 1-605-335-0357
 www.cnasurety.com

CNA is a registered service mark, trade name and domain name of CNA Financial Corporation. No part of this material, including the CNA Surety logo, may be reproduced without written permission from CNA Surety Corporation.