



Bookkeepers/Tax Preparers Professional Liability Insurance

To obtain Professional Liability Insurance through North American Professional Liability Insurance Agency, LLC complete the information below, along with the attached application.

Applicant Name: _____

Email: _____

Phone: _____

AIPB # _____
(required for discount)

Estimated Premium Ranges – Standard Rates

Revenue	0-\$75K	\$75K-\$125K	\$125K-\$175K	\$175K-\$225K	\$225K-\$275K
Limit of Liability					
\$100K/\$300K	\$375	\$500	\$625	\$750	\$875
\$250K/\$500K	\$500	\$625	\$750	\$875	\$1,000
\$500K/\$1M	\$625	\$750	\$875	\$1,000	\$1,125
\$1M/\$1M	\$750	\$875	\$1,000	\$1,125	\$1,250

Estimated Premium Ranges – Discount Rates exclusive to AIPB Members

Revenue	0-\$75K	\$75K-\$125K	\$125K-\$175K	\$175K-\$225K	\$225K-\$275K
Limit of Liability					
\$100K/\$300K	\$300	\$400	\$500	\$600	\$700
\$250K/\$500K	\$400	\$500	\$600	\$700	\$800
\$500K/\$1M	\$500	\$600	\$700	\$800	\$900
\$1M/\$1M	\$600	\$700	\$800	\$900	\$1,000

Rates do not include any State, County and Municipal taxes and/or fees, which may be required. If your annual revenue is greater than \$275,000 please contact us. Premiums are indications only and are subject to a fully completed application and underwriter review. Coverage is not bound until you receive written confirmation from our office. All rates are based on \$1,000 deductible and Claims Expenses in addition to the limit of liability (CEOL). Premium rates may be subject to state approval and regulations.

North American Professional Liability Insurance Agency, LLC

161 Worcester Road, Suite 504, Framingham, MA 01701 (ph) 866-262-7542 (fax) 508-656-1399

www.naplia.com



Send the completed application to Courtney Foley at NAPLIA:

Fax: 1-508-656-1399

Email: courtneyf@naplia.com

Should you have any questions please do not hesitate to contact us toll-free: **1-866-262-7542**

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Accountants Professional Liability Insurance

Small Firm Questionnaire

Underwritten by The Hanover Insurance Company

THIS QUESTIONNAIRE IS FOR A POLICY WHICH PROVIDES COVERAGE ON A CLAIMS-MADE BASIS. SUBJECT TO ITS TERMS, THIS POLICY APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY CAN BE COMPLETELY EXHAUSTED BY CLAIMS EXPENSES AND CLAIMS EXPENSES WILL BE APPLIED AGAINST THE DEDUCTIBLE. WE WILL HAVE NO LIABILITY FOR CLAIMS EXPENSES OR THE AMOUNT OF ANY JUDGEMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. PLEASE READ THE ENTIRE POLICY CAREFULLY.

1. Name of Business: _____
 DBA Name: _____ Date Established: _____
2. Address of Business: Street _____
 City _____ County _____ State: _____ Zip _____
3. Primary Contact: _____
4. Email Address _____
5. Telephone: _____
6. Fax: _____ No Fax
7. Website: _____ No Website

8. Coverage Information:

Requested Limits Of Liability:

Per Claim / Aggregate (check options you wish quoted)

- | | | |
|--|--|-----------------------------|
| <input type="checkbox"/> \$100,000 / \$300,000 | <input type="checkbox"/> \$500,000 / \$1,000,000 | Deductible: \$ 1,000 |
| <input type="checkbox"/> \$250,000 / \$500,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000 | |
| _____ | <input type="checkbox"/> _____ | |

Prior Acts Date: _____ **Effective Date:** _____

9. Please provide Areas of Practice by percentages, total must equal 100%:

Bookkeeping		Quick Books**	
Personal Tax Returns		Consulting*	
Business Tax Returns		Other*	
Estate Tax			
Compilations		Total	

**Training, consulting and installation outside of bookkeeping

*Please provide narrative:

(May be subject to additional premium and/or underwriting review)

Continue on separate sheet if necessary

10. Total number of clients for the past year: _____

11. Please provide revenue details:

Current fiscal year estimate: \$ _____ Previous fiscal year actual: \$ _____

12. Provide the total number of professional and clerical employees. Professionals: _____ Clerical: _____

13. After inquiry of all owners, partners, officers and professionals of the firm and firm affiliates, within the past 5 years have any past or present personnel.

a) Been the subject of any regulatory or disciplinary investigation or inquiry (both formal and informal) or been suspended from practice? Yes No

b) Charged or pleaded guilty to, or indicated on a criminal charge? Yes No

14. (Question Not Applicable In Missouri) After inquiry of the Firm, have any claims or suits involving malpractice been made against the Firm, a predecessor Firm, a subsidiary or affiliate entity, any partner, stockholder and/or professional staff person in the past 5 years? Yes No

15. Is the Firm, after inquiry of stockholders, partners and employees, currently aware of any incidents, circumstances, disputes, fee problems, or employee problems, which may result in any claim being made against the Firm, its predecessors, subsidiaries, affiliates or any partner, stockholder or employee? Yes No.

If you answered "yes", to any parts of Questions #13, #14 and/or #15 complete the Claim/Incident Supplement.

16. Does the firm provide personal or estate tax returns to any individual or estates within annual income greater than \$10 million? Yes No If yes, you do not qualify for this program.

17. Does the firm provide corporate tax returns to any business within annual sales greater than \$100 million? Yes No If yes, you do not qualify for this program.

18. Do you currently carry professional liability insurance? Yes No. If yes, provide a copy of your current declarations page and any endorsement that excludes or modifies coverage.

19. Does your firm or any owner, partner, or officer render professional services or conduct business (other than as disclosed in this application)? Yes No. If yes, provide full details.

20. Do you provide any professional services to any business (other than as disclosed in this application) that you own, manage or control? Yes No

21. Do you maintain a calendar system to ensure the timely completion of reports, filings and tax returns? Yes No

22. Does the firm use engagement letters or contracts for professional services? Yes No
If no, please provide details of your risk management guidelines.

Are additional sheets attached? Yes No

NOTICE TO APPLICANT

DECLARATIONS AND NOTICE

If you are aware of any incident, fact, circumstance, act or omission that could reasonably result in a professional liability claim against you or any insured listed in this questionnaire, you should immediately file a report with your current carrier.

The undersigned, acting on behalf of all Applicants, declares that the statements set forth in this Questionnaire are true and correct and that thorough efforts were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this Questionnaire.

The undersigned agrees that the information provided in this Questionnaire and any material submitted herewith are the representations of all the Applicants and are the basis for issuance of the insurance **policy** provided by **us**. Any material submitted with the Questionnaire shall be maintained on file (either electronically or paper) with **us**.

It is further agreed that:

- If any of the Applicants discover or becomes aware of any significant change in the condition of the Applicant's Organization between the date of this Questionnaire and the **policy** inception date, which would render the Questionnaire inaccurate or incomplete, notice of such change will be reported in writing to **us** as soon as practicable;
- Any **policy** issued, will be in reliance upon the truthfulness of the information provided in this Questionnaire; provided, however, with respect to such information, no knowledge or information possessed by any Applicant shall be imputed to any other Applicants. If any person or persons knew as of the **policy** inception date that such information contained in the Questionnaire(s) was untrue, inaccurate or incomplete, then coverage may be denied with respect to that person or persons if such information was material to issuance of the **policy**. However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Executive Director of the Applicant knew as of the **policy** inception date that such information contained in the Questionnaire(s) was untrue, inaccurate or incomplete, then coverage may be denied with respect to that person or persons and the Applicant Organization if such information was material to issuance of the **policy**;
- Statements in the Questionnaire, facts pertaining to or knowledge possessed by the individual signing the Questionnaire shall be imputed to the Applicant; and
- The signing of this Questionnaire does not bind the undersigned to purchase insurance or the company to issue insurance coverage.

This Questionnaire must be signed by a representative of the Applicant acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date **Signature/Title**

(Date) (Chief Executive Officer, President, Chief Financial Officer, Managing Partner or Owner)

(Date) (Print Name)

(Date) (Print Title)

A POLICY CANNOT BE ISSUED UNLESS THE QUESTIONNAIRE IS PROPERLY SIGNED AND DATED

RETURN YOUR COMPLETED QUESTIONNAIRE TO YOUR AGENT.

Produced By: Agent: **North American Professional Liability Insurance Agency, LLC (NAPLIA)**
Courtney Foley courtneyf@naplia.com www.naplia.com

Agent Signature:

Agency Taxpayer ID or SS No.: Agent License No.:

Address (Street, City, State, Zip): **161 Worcester Road, Suite 504, Framingham, MA 01701**

NOTICE TO ARIZONA AND MISSOURI APPLICANTS: Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or

agent of an insurance company who knowingly provide false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO IDAHO AND OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

[Effective January 1, 2013: **NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

NOTICE TO MICHIGAN AND MINNESOTA APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO AND RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.