

PLEASE NOTE: THIS IS A CLAIMS MADE POLICY

Name of Business (Exact Name)			
Address (include any branch location addresses)			
(Street and Number)	(City)	(State)	(Zip)
Check all that apply: <input type="checkbox"/> CPA <input type="checkbox"/> Enrolled Agent (*discount applies) <input type="checkbox"/> Financial Planner <input type="checkbox"/> Attorney <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:	<input type="checkbox"/> \$10,000/\$20,000 <input type="checkbox"/> \$25,000/\$50,000 <input type="checkbox"/> \$50,000/\$100,000 <input type="checkbox"/> \$100,000/\$200,000
Are you a member of a tax preparer's association? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify which one. _____			
Do you want optional bookkeeping coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No What percentage of your business is bookkeeping? _____ %			
Policy includes one year complimentary retroactive coverage. Do you want to purchase a second year? <input type="checkbox"/> Yes <input type="checkbox"/> No			

*Not available in Hawaii

1. Have you sustained any prior losses? Yes No Do you currently carry errors and omissions insurance? Yes No
 Please provide the amount, details, and insurance claim status of any prior losses. (Use a separate sheet of paper if necessary.)

2. Number of years of experience preparing tax returns? _____
3. What types of returns does your firm prepare? Personal Commercial
4. Have you and your other supervisors attended a continuing education course in the last year? Yes No
5. Does your firm subscribe to a tax reporter service or similar publication? Yes No
 If so, are they required reading for all preparers? Yes No
6. Does your firm regularly check the accuracy of your computer software? Yes No
7. a. Does your firm utilize an outside tax preparation service? Yes No
 b. If yes, does the service hold you harmless for liability that may be incurred as a result of their performance? Yes No
8. 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
9. 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. _____

10. 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? _____

11. 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: _____

Applicant: please print or type your name here _____

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.



P.O. Box 5077 Sioux Falls, South Dakota 57117-5077
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