



Kentucky Farm Bureau

TAX PREPARERS' PROFESSIONAL LIABILITY APPLICATION

PLEASE NOTE: THIS IS A CLAIMS MADE POLICY

\$250.00 Single Loss, \$500.00 Annual Aggregate Deductible Applies

Name of Business (Exact Name) _____			
Address (include any branch location addresses) _____			
(Street and Number)	(City)	(State)	(Zip)
Telephone Number _____	Fax Number _____	Email Address _____	
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			

*Discounts Not Available in Hawaii or Tennessee

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. a. 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
b. If yes, were any deficiencies found regarding tax preparation? Yes No
c. 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 _____

SUB-AGENT RECOMMENDATION: Tell us what you know and think of the applicant. _____

Agent Code: 16-16273
Sub-Agent's Name/Code _____
Sub-Agent's Address _____
Sub-Agent's Phone # _____
Sub-Agent's Fax # _____

Check here if this has been previously faxed to us.

CNA Surety P.O. Box 5077 Sioux Falls, SD 57117-5077 1-800-331-6053 Fax 1-605-335-0357
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<http://kfb.cnasurety.com> • Email: uwservices@cnasurety.com

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The CNA Surety Tax Preparers' Policy:

- Covers claims against the insured and the insured's clients up to the policy limit.
- Covers defense costs (subject to policy limitations).
- Covers both the full-time and part-time employees, even if they only work during the tax season.
- Protects against errors and omissions.
- Has been endorsed by national tax preparers' associations.

Complete the application, and mail or fax it to CNA Surety today.

This application contains only a brief summary of coverage and policy provisions. All statements herein are subject to the provisions, exclusions, and conditions of the applicable policy. Coverages afforded are only those for which application is made and for which a premium charge is paid as indicated in the Declarations of the policy.

IRS penalties against insured are not covered. Also, this is a claims made policy.

Steps to Submitting an Application:

- 1) Complete the application in its entirety. Be sure to include sub-agent information.
- 2) Email, Fax, or Mail the completed application and any supporting information to CNA Surety at uwservices@cnasurety.com, 1-605-335-0357, P.O. Box 5077, Sioux Falls, SD 57117-5077.

An Underwriter from CNA Surety will contact the sub-agent as soon as possible regarding the submission, by either fax, phone or mail.

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.