

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 preparers' 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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 prior losses or claims and their status. (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? <input type="checkbox"/> Personal <input type="checkbox"/> Commercial
4. Have you and your other supervisors attended a continuing education course in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No

5. Does your firm subscribe to a tax reporter service or similar publication? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, are they required reading for all preparers? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does your firm regularly check the accuracy of your computer software? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. a. Does your firm utilize an outside tax preparation service? <input type="checkbox"/> Yes <input type="checkbox"/> No b. 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
8. 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
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <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? _____
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 _____ Applicant: please print or type your name here _____ Date _____

Check here if this has been previously faxed.

Agent's Name
McKenzie Smith Eagle West Ins
Address (Street & Number)
1341 N McDowell Blvd Ste A
City
Petaluma CA 94954
State
Zip
Agent's Code
04 — 18399 — — — — —

TAX PREPARERS' ERRORS & OMISSIONS INSURANCE RATES (ANNUAL PREMIUM)

	# Employees	\$10,000 single/ \$20,000 aggregate	\$25,000/\$50,000	\$50,000/\$100,000	\$100,000/\$200,000
AL, AR, AZ, CA, CO, CT, DC, DE, GA, IA, ID, IL, IN, KS, KY, MA, MD, MI, MN, MO, MS, MT, NC, ND, NE, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WA, WI, WV, WY	1-3	\$182	\$363	\$556	\$737
	4	\$226	\$451	\$686	\$909
	5	\$270	\$539	\$817	\$1086
	6	\$314	\$627	\$947	\$1260
	7	\$358	\$715	\$1078	\$1434
	8	\$402	\$803	\$1209	\$1608
	Each Addtl Emp. over 8	\$44	\$88	\$131	\$174
	AK, HI	1-3	\$210	\$409	\$608
	4	\$257	\$503	\$748	\$996
	5	\$304	\$597	\$888	\$1,186
	6	\$351	\$691	\$1,028	\$1,376
	7	\$398	\$785	\$1,168	\$1,566
	8	\$445	\$879	\$1,308	\$1,756
	Each Addtl Emp. over 8	\$47	\$94	\$140	\$190

Rates subject to change at any time.

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

TAX PREPARERS' ERRORS & OMISSIONS DISCOUNTS*

Enrolled Agent	0.9 factor
Tax Preparer Association Member	0.9 factor
Enrolled Agent and Association Member	0.85 factor

*Discounts not available in Hawaii or Tennessee

TAX PREPARERS' ERRORS & OMISSIONS - ADDITIONAL COVERAGE OPTIONS

	\$10,000 single/ \$20,000 aggregate	\$25,000/\$50,000	\$50,000/\$100,000	\$100,000/\$200,000
1 Year Retroactive	complimentary	complimentary	complimentary	complimentary
2 Year Retroactive	\$125	\$250	\$375	\$500
Bookkeeping	1-10% 11-25% 26%+	1.15 factor 1.25 factor 1.33 factor		
Extended Reporting	0.5 factor	0.5 factor	0.5 factor	0.5 factor