

NOTE: Fax completed application to (707) 778-8932 or email to Francesca@McKenzieSmith.com



**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:		Total Number of Owners and Employees (Include part-time):	Number of Offices:
<input type="checkbox"/> CPA	<input type="checkbox"/> Enrolled Agent (*discount applies)		
<input type="checkbox"/> Financial Planner	<input type="checkbox"/> Attorney	Amount of Coverage Requested:	<input type="checkbox"/> \$25,000/\$50,000
<input type="checkbox"/> Accountant	<input type="checkbox"/> Independent Practitioner	<input type="checkbox"/> \$10,000/\$20,000	<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 \_\_\_\_\_

Check here if this has been previously faxed to us.

<b>Your CNA Surety Agent is:</b>			
<b>McKenzie Smith Insurance Agency LLC</b>			
Address <u>1341 N McDowell Blvd Suite A</u>			
<small>Street</small>			
<u>Petaluma CA 94954 (800)300-9149</u>			
<small>City</small>		<small>State</small>	
Agent's Code <u>04-18399</u>		<small>Zip</small>	

*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

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## Tax Preparers' Errors & Omissions Insurance Rates

### Base Rates (Annual) \*

Number of Employees	\$10,000 single/ \$20,000 aggregate	\$25,000/\$50,000	\$50,000/\$100,000	\$100,000/\$200,000
1-3	\$182	\$363	\$556	\$737
4	\$226	\$451	\$686	\$909
5	\$270	\$539	\$817	\$1,086
6	\$314	\$627	\$947	\$1,260
7	\$358	\$715	\$1,078	\$1,434
8	\$402	\$803	\$1,209	\$1,608
Each Additional	\$44	\$88	\$131	\$174

\*Alternate Rates apply in Hawaii and Alaska.

### Discounts\*

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

\*Discount not available in Hawaii or Tennessee

### 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%	1.15 factor		
	11-25%	1.25 factor		
	25%+	1.33 factor		
Extended Reporting	0.5 factor	0.5 factor	0.5 factor	0.5 factor

*\$250.00 single loss, \$500.00 annual aggregate deductible applies.*

02/10

McKenzie Smith Insurance Agency LLC  
1341 N McDowell Blvd Suite A  
Petaluma CA 94954  
(800)300-9149 (707)778-9200  
Fax (707)778-8932  
email: Francesca@McKenzieSmith.com