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

CNA SURETY

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: ☐ CPA ☐ Enrolled Agent (*discount applies) ☐ Financial Planner ☐ Attorney ☐ Accountant ☐ Independent Practitioner	Total Number of Owners and Employees (Include part-time):	Number of Offices:
	Amount of Coverage Requested: ☐ $10,000/$20,000 ☐ $25,000/$50,000 ☐ $50,000/$100,000 ☐ $100,000/$200,000	

Are you a member of a tax preparer's association? ☐ Yes ☐ No If yes, please specify which one. _____

Do you want optional bookkeeping coverage? ☐ Yes ☐ No What percentage of your business is bookkeeping? _____ %

Policy includes one year complimentary retroactive coverage. Do you want to purchase a second year? ☐ Yes ☐ 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.**

Your CNA Surety Agent is:

McKenzie Smith Insurance Agency LLC

Address 1341 N McDowell Blvd Suite A
Street

Petaluma CA 94954 (800)300-9149
City State Zip

Agent's Code 04-18399

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.

CNA SURETY

P.O. Box 5077 Sioux Falls, South Dakota 57117-5077
1-800-331-6053 FAX 1-605-335-0357
www.cnasurety.com

CNA SURETY

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