



# Bookkeepers / Tax Preparers Professional Liability Insurance

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In order to obtain Professional Liability Insurance through the CNA Surety Tax Preparers Program simply complete the information below, along with the attached Application.

Applicant Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Please check one of the following boxes:

- Please bind my coverage and have CNA invoice me directly
- I am only interested in finding out how much the premium is right now, please contact me, but do not bind coverage.

Fax the completed application to NAPLIA at:

**1-508-656-1399**

Or, Email to:

**HeatherO@naplia.com**

Should you have any questions please do not hesitate to contact us toll-free:

**1-866-262-7542**

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**NORTH AMERICAN PROFESSIONAL LIABILITY INSURANCE AGENCY, LLC**

5 Whittier Street, 4<sup>th</sup> Floor, Framingham, MA 01701  
Phone: (866) 262-7542 Fax: (508) 656-1399

404 Bens Run Court, Warrington, PA 18976  
Phone: (866) 386-2544 Fax: (866) 386-2545

[www.naplia.com](http://www.naplia.com)



# TAX PREPARERS' PROFESSIONAL LIABILITY APPLICATION

**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:		Total Number of Owners and Employees (Include part-time):	Number of Offices:
<input type="checkbox"/> CPA	<input type="checkbox"/> Enrolled Agent (*discount applies)	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
<input type="checkbox"/> Financial Planner	<input type="checkbox"/> Attorney		
<input type="checkbox"/> Accountant	<input type="checkbox"/> Independent Practitioner		
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:		
North American Professional Liability Insurance Agency,LLC		
Address 5 Whittier Street, 4th floor		
Framingham	MA	01701
<small>City</small>	<small>State</small>	<small>Zip</small>
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  
 1-800-331-6053 FAX 1-605-335-0357  
 www.cnasurety.com

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