



Bookkeepers / Tax Preparers Professional Liability Insurance

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

NORTH AMERICAN PROFESSIONAL LIABILITY INSURANCE AGENCY, LLC

5 Whittier Street, 4th 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



TAX PREPARERS' PROFESSIONAL LIABILITY APPLICATION

Name of Business (Exact Name)			
Address (include any branch location addresses)			
(Street and Number)		(City)	(State) (Zip)
Type of Business <input type="checkbox"/> CPA Firm <input type="checkbox"/> Attorney <input type="checkbox"/> Financial Planner <input type="checkbox"/> Enrolled Agent <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 <input type="checkbox"/> \$25,000	
Please note that this is a claims-made policy.			
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 previous claims and their status. (Use a separate sheet of paper if necessary.) \$ _____			
Are you a C.P.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of years of experience preparing tax returns? _____			
Are you an Enrolled Agent? <input type="checkbox"/> Yes <input type="checkbox"/> No		What types of returns does your firm prepare? <input type="checkbox"/> Personal <input type="checkbox"/> Commercial	
Have you and your other supervisors attended a continuing education course in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your firm subscribe to a tax reporter service or similar publications? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are the reporter updates required reading for all tax preparers in your firm? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your firm utilize an outside tax preparation service? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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			
Does your firm utilize an in-house computer with a tax preparation software package? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please briefly explain how tax forms are prepared.			
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			
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.			
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?			
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: _____

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	Street	MA	01701
City	State		Zip
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

CNA is a registered service mark, trade name and domain name of CNA Financial Corporation. No part of this material, including the CNA Surety logo, may be reproduced without written permission from CNA Surety Corporation.