



Surety One

1-800-373-2804

TAX PREPARERS' PROFESSIONAL LIABILITY APPLICATION

NAME OF BUSINESS (Exact Name)			
ADDRESS (Include any Branch location addresses) STREET AND NUMBER			
CITY	STATE	ZIP	PHONE:
TYPE OF BUSINESS <input type="checkbox"/> ENROLLED AGENT <input type="checkbox"/> CPA FIRM <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 <input type="checkbox"/> \$25,000		Please note that this is a claims-made policy.	
Do you currently carry errors and omissions insurance? YES <input type="checkbox"/> NO <input type="checkbox"/> Please provide up 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.? YES <input type="checkbox"/> NO <input type="checkbox"/> Number of years of experience preparing tax returns? _____		Are you and enrolled agent? YES <input type="checkbox"/> NO <input type="checkbox"/>	
What types of returns does your firm prepare? PERSONAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/>		Have you and your other supervisors attended A continuing education course in the last year? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Does your firm subscribe to a tax reporter service Or similar publications? YES <input type="checkbox"/> NO <input type="checkbox"/>		Are the reporter updates required reading for all tax preparers in your firm? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Does your firm utilize an outside tax preparation service? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, does the service hold you harmless for liability that may be incurred as a result of their performance?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Does your firm utilize an in-house computer with a tax preparation software package? If no, please briefly explain how tax forms are prepared. _____		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is there a review of all tax preparation by a supervisor, who is not involved in that preparation, prior to releasing the return? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/> If yes, please list the dates, dollar amount 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? If yes, were any deficiencies found regarding tax preparation? If so, what steps have been taken to prevent recurrence? . YES <input type="checkbox"/> NO <input type="checkbox"/> _____			
The applicant hereby warrants that, to the best of his/her knowledge, no facts currently exist which could reasonably give rise to a claim against this policy.			
APPLICANT'S SIGNATURE _____		DATE _____	