



TAX PREPARERS' PROFESSIONAL LIABILITY APPLICATION

Name OF Business (Exact Name):		Phone:	
Address:			
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 & 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 your 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: _____	

Payment Method: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> Check		
If paying by check, the bond will be issued upon receipt of payment to our office. Check should be made payable to James Stafford Insurance Agency and include overnight delivery fee, if requested, and mail to the following address: James Stafford Insurance Agency P.O. Box 1306. Mount Vernon, TX 75457		
Exact Name as appears on card:	Billing Address:	
Card Number (16 Digits)	Card Expiration Date	Three Digit Security Code
Method of Deliver:		
<input type="checkbox"/> Regular Mail (no extra charges) <input type="checkbox"/> Priority Mail (\$8.00 fee) <input type="checkbox"/> Overnight Delivery (\$18.50 fee)		
Authorized Charge Amount (Please include delivery fee if applicable)		
\$ _____		

Tax Preparers' Professional Liability Price List

Policy Limit	Annual Premium	Add'l Emp over 3	Deductible
\$10,000	\$172	\$43	\$100
\$25,000	\$343	\$84	\$100

Your CNA Surety Agent is:

James Stafford Insurance Agency

P.O. Box 1306

Mount Vernon, TX 75457

(903) 567-8500

Toll Free: 1-888-869-4904

Fax: 1-888-475-4437

jstafford@bondsonlinetexas.com

Agent's Code: 4 2 - 2 2 7 6 9

Instructions:

1. Complete this application.
2. Once complete, you may send the form by the following methods:
 - a. Mail application with a check for the annual premium to the agents office
 - b. Fax or Email the completed application to our office with credit card information for payment.
3. Once received, your bond is issued on the same day.
4. Your bond is sent to you by regular mail or for an additional fee we can send by overnight delivery.

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.