



**Northeast Agencies National Bond Program (31-21688)
An Allstate Commercial Expanded Market Program**

TAX PREPARERS' PROFESSIONAL LIABILITY APPLICATION

Name of Business (Exact Name) _____		
Address (include any branch location addresses) <div style="display: flex; justify-content: space-between;"> (Street and Number) (City) (State) (Zip) </div>		
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) _____ Amount of Coverage Requested <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000	Number of Offices _____
Please note that this is a claims-made policy.		
1. Have you sustained any prior losses? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you currently carry errors and omissions insurance? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Personal <input type="checkbox"/> Commercial 4. Have you and your other supervisors attended a continuing education course in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Does your firm subscribe to a tax reporter service or similar publication? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, are they required reading for all preparers? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Does your firm regularly check the accuracy of your computer software? <input type="checkbox"/> Yes <input type="checkbox"/> No 7. a. Does your firm utilize an outside tax preparation service? <input type="checkbox"/> Yes <input type="checkbox"/> No b. 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 8. 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 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No b. If yes, were any deficiencies found regarding tax preparation? <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____		

Allstate Agent Information	
Name _____	
Address _____	Street _____
_____	City _____ State _____ Zip _____
Phone Number _____	
Agent's Code _____	

Check here if this has been previously faxed to us.

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.

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