



Specified Professions Professional Liability Product

TAX PREPARATION/BOOKKEEPING SERVICES SUPPLEMENTAL APPLICATION

Please fill out the General Information section, along with the section(s) you are requesting coverage.

Name of Applicant: _____ Date: _____

If you have a website, include your website address: _____

1. Please provide a percentage breakdown of current 12 month Gross Receipts from the following areas of service. If the Applicant is newly established, please provide best estimates:

- a. Tax Returns - Individual _____%
- b. Tax Returns - Corporate _____%
- c. Bookkeeping - Individual _____%
- d. Bookkeeping - Corporate _____%
- e. Other _____%

Total 100%

2. Does the Applicant: (Provide details for any "Yes" answers below.)

	Yes	No	%Receipts
a. Prepare compilations, reviews, audits or other financial statements?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Provide legal advice, render opinions or otherwise interpret tax laws or rulings or accounting rules, standards or principals?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Recommend, supervise or manage any investment or trust funds on behalf of clients?	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Provide services for corporate clients who possess over \$1 million in assets?	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Render professional services via the Internet?	<input type="checkbox"/>	<input type="checkbox"/>	_____

3. Have any key personnel had their professional license revoked or been subject to disciplinary action? Yes No

4. Is the Applicant an employee of another firm? Yes No

If "Yes", Please provide details, including the name of the firm:

THIS TAX PREPARER/BOOKKEEPER SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS PART OF THE PROFESSIONAL LIABILITY APPLICATION. THIS SUPPLEMENTAL APPLICATION IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE IN THE BASIC APPLICATION..

SIGNATURE

TITLE

DATE