



Salt Lake City Area Office  
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 303 W. Madison Street Suite 2075  
 Chicago, IL 60606  
 800-456-4576 • Fax 312-408-8081

**TAX PRACTITIONER'S  
 E & O**

**General Information**

Proposed Effective Date: \_\_\_\_\_

1. Applicant's Name: \_\_\_\_\_  
 Applicant's Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ County: \_\_\_\_\_  
 Business Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_
2. Physical Location of Business (if different): \_\_\_\_\_
3. Population within 50 miles: \_\_\_\_\_
4. Other Locations Used:
  - a. Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  - b. Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Please list any other names the business is or has been known by: \_\_\_\_\_
6. Contact Person: \_\_\_\_\_
7. Producer No.: \_\_\_\_\_ Producer's Name: \_\_\_\_\_
8. Producer's E-mail: \_\_\_\_\_
9. Detailed description of business activities (specifically, and by location): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Is this a new business?  Yes  No If no, how many years have you been in business? \_\_\_\_\_
11. Applicant is:  Individual  Corporation  Partnership  Joint Venture  
 Other (please describe): \_\_\_\_\_
12. Annual Payroll: \$ \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_  
 Part-Time: \_\_\_\_\_

**Insurance History**

13. Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_
14. Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

15. Has the Applicant or any predecessor or related person or entity ever had a claim?  Yes  No  
 Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy?  Yes  No

16. If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

17. Has any similar insurance for which the Applicant is applying ever been cancelled or declined?  Yes  No  
 If yes, explain.

18. Does any person to be insured have knowledge of or any information about any act, error or omission that has occurred?  Yes  No

**Requested Insurance**

19. Coverages:

- Tax Preparation, including client representation at IRS or state audit.
- Tax Advice
- Disciplinary Proceedings
- Bookkeeping – including services NOT requiring CPA or LA designations where you practice
- Prior Acts / Retroactive Coverage.  
 If selected, indicate:  One year  Two years  Three years

**Limit of Liability - Professional Liability Coverage:**

Per Act/Aggregate		Per Person/Per Act/Aggregate	
<input type="radio"/>	\$50,000/\$100,000	<input type="radio"/>	\$25,000/\$50,000/\$100,000
<input type="radio"/>	\$150,000/\$300,000	<input type="radio"/>	\$75,000/\$150,000/\$300,000
<input type="radio"/>	\$250,000/\$1,000,000	<input type="radio"/>	\$100,000/\$250,000/\$1,000,000
<input type="radio"/>	\$500,000/\$1,000,000	<input type="radio"/>	\$250,000/\$500,000/\$1,000,000
<input type="radio"/>	Other: _____	<input type="radio"/>	Other: _____

20. Self-Insured Retention (SIR):  \$100

**Business Activities**

21. Complete the following regarding your receipts during the last 12 months.

\_\_\_\_\_ % Individual Tax Returns/Tax Advice      \_\_\_\_\_ % Corporate Tax Returns/Tax Advice  
 \_\_\_\_\_ % Bookkeeping Services  
 \_\_\_\_\_ % Advice as Registered Representative/Investment Adviser/Certified Financial Planner  
 \_\_\_\_\_ % All other services – describe: \_\_\_\_\_

22. Number of non-signing support staff: \_\_\_\_\_

- a. Minimum experience level: \_\_\_\_\_ yrs.      Maximum experience level: \_\_\_\_\_ yrs.
- b. Minimum education level: \_\_\_\_\_ yrs.      Maximum education level: \_\_\_\_\_ yrs.

23. Number of employee/owner tax preparers (not including non-signing support staff): \_\_\_\_\_

24. Complete the following list with information for each tax preparer (not including non-signing support staff):

FULL NAME	YEARS OF EXPERIENCE	YEARS OF EDUCATION	YEARS AS PRINCIPAL

25. Attach a copy of:

- a. Standard contracts you use.
- b. A current resume for each of the key employees listed in the table above. Each resume should include any licenses held; degrees, certifications or awards received; and any other professional qualifications of that employee.

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name