

NEW HAMPSHIRE INSURANCE COMPANY
Administrative Offices: 175 Water Street 18th Floor, New York, NY 10038



CPA Protector Plan
Express Plan Eligibility Questionnaire

Please answer the following questions to see if you qualify for our Express Plan. Your answers will be a supplement of and attached to the application.

Firm profile

1. The firm is owned by at least one licensed CPA __ Yes __ No
2. My firm's professional accounting staff is four or fewer with revenues less than \$525,000 in the last fiscal year. __ Yes __ No
3. Less than 51% of my firm's revenues are derived from audit engagements. __ Yes __ No
4. Less than 51% of my firm's revenues are derived from consulting services. __ Yes __ No
5. My firm has NOT gone through an acquisition or merger in the last year, NOR has any affiliated entities. __ Yes __ No
6. My firm does NOT institute collection actions or suits (including Small Claims Court) for unpaid fees. __ Yes __ No

Firm history during the past five (5) years:

7. My firm has NOT audited any publicly held clients NOR provided opinions or other services related to Sarbanes Oxley Compliance. __ Yes __ No
8. Firm owners or employees do NOT receive commissions for the referral, solicitation or sales of securities, insurance products or investments NOR has discretionary authority to invest client funds. (For the purposes of this question, commissions include fees) __ Yes __ No
9. My firm has NOT prepared financial statements that have been used in any securities offerings whether public, private, registered or unregistered. __ Yes __ No
10. My firm does NOT provide assurances as to the care received by an individual, or consult with clients on care options, or provide assistance with daily activities (sometimes referred to as Elder Care Services). __ Yes __ No
11. My firm has NOT provided any tax advice, counsel or opinion NOR organized, sold or prepared any sales materials with respect to tax shelters, other tax advantage investments, taxable deductions exceeding \$500,000 or any "reportable transaction" as defined in Treasury Regulation §1.6011-4(b). __ Yes __ No
12. My firm has had fewer than three claims and total amount paid or reserved on all claims is less than \$15,000. My firm has NOT had a claim for fraudulent use of personally identifiable information that was in the care, custody or control of the applicant or information holder. __ Yes __ No
13. No firm owner or employee has been the subject of any regulatory investigation or inquiry, suspended from practice, or indicted or convicted of any felony charge. __ Yes __ No
14. No firm owner or employee is aware of any event, act, omission, fee dispute, Personal Injury, Personal Identity Event or other circumstance that is or reasonably could be the basis of a claim that has NOT been reported. __ Yes __ No
15. My firm has NOT received any Modified or other adverse opinions from any peer review, quality or voluntary tax practice review under the AICPA, a state CPA society or other professional organization. __ Yes __ No
16. No firm owner or employee has had any professional liability insurance declined, cancelled or non-renewed **(MISSOURI APPLICANTS DO NOT RESPOND)**. __ Yes __ No



CPA Protector Plan Express Plan Application

NOTICE: THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY. EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST YOU AND REPORTED IN WRITING TO US DURING THE POLICY PERIOD. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE THEREUNDER WITH YOUR INSURANCE AGENT OR BROKER

LOSS AMOUNTS INCLUDE DEFENSE COSTS AND THUS, DEFENSE COSTS ARE INCLUDED WITHIN AND REDUCE THE LIMITS OF LIABILITY OF THIS POLICY.

COMPLETE THIS APPLICATION FULLY AND ACCURATELY AND ATTACH ALL REQUIRED MATERIALS. IF COVERAGE IS BOUND, THIS APPLICATION AND THE MATERIALS SUBMITTED WITH IT WILL BE ATTACHED TO THE POLICY AND CONSTITUTE A PART THEREOF.

Firm Information:

Firm Name: _____ Date Firm Established _____
Individual Partnership P. A. P. C. L. L. C. L. L. P. Other _____

Primary Physical Address: _____
Street City County State Zip Code

Website address _____

Contact Person _____ Telephone: _____ ext. _____
Facsimile: _____ E-mail Address: _____

Mailing Address (if different from above): _____

Coverage selection: Requested effective date: _____

Limits of Liability	Deductible	Deductible Terms
<input type="checkbox"/> \$100,000/\$250,000	<input type="checkbox"/> \$0*	<input type="checkbox"/> Loss and Expense per Claim
<input type="checkbox"/> \$250,000/\$250,000	<input type="checkbox"/> \$1,000	<input type="checkbox"/> Loss and Expense Aggregate
<input type="checkbox"/> \$250,000/\$500,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> Loss Only per Claim
<input type="checkbox"/> \$500,000/\$500,000	<input type="checkbox"/> \$3,000	<input type="checkbox"/> Loss Only Aggregate
<input type="checkbox"/> \$500,000/\$1,000,000	<input type="checkbox"/> \$4,000	
<input type="checkbox"/> \$1,000,000/\$1,000,000	<input type="checkbox"/> \$5,000	
<input type="checkbox"/> \$1,000,000/\$2,000,000	<input type="checkbox"/> \$10,000	

*(not available for loss only or aggregate options)

Does your firm currently carry accountants' professional liability coverage? Yes ___ No ___
If yes, please provide the Retroactive date on the current policy. _____

Would you like to add Suits For Fees Exclusion**? Yes ___ No ___

**You will receive a 5% discount if the exclusion of coverage for any Loss Amounts in connection with any claim related to any Insureds attempted recovery of fees is selected.

Additional Coverage

Employee Dishonesty coverage Yes ___ No ___
 If yes, provide the number of owners/partners plus number of employees that handle funds ___
 Select from the following limits: \$100,000 limit \$100 deductible ___
 \$250,000 limit \$250 deductible ___

Employment Practices Liability coverage Yes ___ No ___

Practice Profile:

1. Staff Information:

Please list all professionals to be included in this policy:

Name	Date of Hire	Position *	Full Time/ Part Time**	Member AICPA?	Years of Practice	Loss Control Seminar Date

*Position: CPA, Full time degreed accountant, Other billable professional staff

** Part Time is defined as working 1000 hours or less a year

2. Gross Annual Revenues:

2nd Prior Fiscal Year \$ _____ Prior Fiscal Year \$ _____ Estimated Current Fiscal Year \$ _____

3. Areas of practice: Total of all items must equal 100%

___% Tax
 ___% Nonpublic Audit Services
 ___% General Accounting Services
 ___% Nonpublic Compilations/Review
 ___% Personal Financial Planning
 ___% Management Advisory Services
 ___% Information Technology Services
 ___% Personal Business Management
 ___% Litigation Support
 ___% Other Services

Describe other services _____

4. Does your Firm use engagement letters on the majority of engagements? Yes ___ No ___

5. Within the past three years, has your firm undergone a Peer, Quality or voluntary Tax Practice review under the AICPA, a state CPA society or other professional organization? Yes ___ No ___

6. Is any member of your firm an active member of the following professional associations?
 (Check all that apply)

___ AICPA Employee Benefit Plan Audit Quality Center
 ___ AICPA Governmental Audit Quality Center

7. Has your firm had any claims or incidents that could lead to a claim, demand or suit in the last five years? Yes ___ No ___

If yes, please provide number of claims/incidents _____

8. Do you share office space with another accounting professional that is not a partner, shareholder, officer, owner or employee of the insured firm? Yes ___ No ___

Representations and Fraud Warnings

In granting coverage to any of the Insureds, the Company has relied upon the declarations and statements in this application for coverage. All such declarations and statements are the basis of coverage and will be considered incorporated in and constituting part of the policy issued.

The undersigned authorized representative of the firm hereby declares that the statements set forth herein are true. The undersigned agrees that if the information supplied on this application changes between the date of this application and the effective date of insurance, the undersigned will, in order for the information to be accurate on the effective date of insurance, immediately notify the Company of such change(s) and the Company may withdraw or modify any outstanding quotations and authorization or agreement to bind the insurance.

The application, all supplements, written statements and other materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this policy and made a part thereof. Nothing contained herein or incorporated herein by reference will constitute notice of a claim or potential claim so as to trigger coverage under any contract of insurance.

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS:: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Signature of Authorized Representative of the Firm

Date

Print Name

Title (must be signed by managing partner or managing executive of the Firm)

Attest _____

Producer / Agent: B&B Protector Plans, Inc. (dba Professional Services Plans)

License Number: L006066

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