

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



CPA Protector 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 _____

Mailing Address: _____

Contact Person _____ Telephone: _____ ext. _____

Facsimile: _____ E-mail Address: _____

Please attach sample of the Firm's letterhead.

Coverage Section

Requested Effective Date _____

1. Limits of Liability

Limits Per Claim/ Aggregate	Limits Per Claim/ Aggregate	Limits Per Claim/ Aggregate
\$100,000/ \$200,000	\$750,000/ \$750,000	\$3,000,000/ \$3,000,000
\$100,000/ \$250,000	\$1,000,000/ \$1,000,000	\$3,000,000/ \$6,000,000
\$250,000/ \$250,000	\$1,000,000/ \$2,000,000	\$4,000,000/ \$4,000,000
\$250,000/ \$500,000	\$1,000,000/ \$3,000,000	\$5,000,000/ \$5,000,000
\$500,000/ \$500,000	\$2,000,000/ \$2,000,000	Other _____
\$500,000/ \$1,000,000	\$2,000,000/ \$4,000,000	

2. a. Deductible Limit

2. b. Deductible Terms

\$1000	\$20,000	Loss and Expense Each Claim
\$2000	\$25,000	Loss and Expense Aggregate
\$3000	\$35,000	Loss Only Each Claim
\$4000	\$50,000	Loss Only Aggregate
\$5000	\$75,000	
\$10,000	\$100,000	
\$15,000	Other _____	

3. Do you wish to purchase Additional Defense Cost Limit equal to the per Claim limit? Yes ___ No ___

4. Does your current policy provide Prior Acts Coverage? Yes ___ No ___
 If yes, please provide the Retroactive date on the current policy. _____

5. List prior carrier(s) for the past five years. If none, state "None".

Carrier Name	Effective date	Expiration Date	Limits per Claim/ Aggregate	Deductible	Annual Premium	Number of staff covered

Provide a copy of the firm's current Declarations Page. If your policy is endorsed to provide, exclude or limit coverage for any predecessor firms, firm affiliates, specific clients or special engagements etc. attach a copy of each endorsement.

6. Within the past three years, has the firm, predecessor firms or their personnel been declined, cancelled or non-renewed for professional liability insurance for any reason?

Yes ___ No ___ *(not applicable in Missouri – do not answer if firm is located in Missouri)*

If yes, please provide a detailed explanation. _____

The words "you", "your" and "Applicant(s)" refer to the named Applicant and all other entities applying for coverage. If your answer to any question in this Application requires additional space, please complete your answer on a separate attachment.

Practice Profile:

7. Indicate the number of the Applicant's personnel in each category:

CPA Owners, partners or officers		Other Degreed Accountants	
Non CPA Owners, partners or officers		Other Professional Staff with billed time	
Other CPAs		Staff not otherwise categorized	

Please complete the Staff Information Supplement for all staff with billable hours

8. Gross Annual Revenues:

	Fiscal Year End	Revenues
Second prior fiscal year	_____	\$ _____
Prior fiscal year	_____	\$ _____
Estimated current fiscal year	_____	\$ _____

9. Estimated Number of clients for the last fiscal year: _____

Percentage of revenue from largest client _____% Client Name _____
 Client industry _____ Services rendered by firm _____

Percentage of revenue from 2nd largest client _____% Client Name _____
 Client industry _____ Services rendered by firm _____

10. Areas of practice:

Indicate the percentage of gross income for the prior fiscal year the firm derived from the following areas of practice. Total of all items must equal 100%

Check the box for each area of practice where engagement letters are used

General Accounting Services		%	Consulting Services		%
Bookkeeping	<input type="checkbox"/>		Management Advisory Services	<input type="checkbox"/>	
Write up	<input type="checkbox"/>		Litigation Support	<input type="checkbox"/>	
Payroll Services	<input type="checkbox"/>		Business Investment Advice	<input type="checkbox"/>	
Other (attach description)	<input type="checkbox"/>		Valuations and Projections	<input type="checkbox"/>	
Tax Services		%	Special Services		%
Individual	<input type="checkbox"/>		ERISA	<input type="checkbox"/>	
Business	<input type="checkbox"/>		SEC Engagements other than tax	<input type="checkbox"/>	
Estate/Trust	<input type="checkbox"/>		Fiduciary Services	<input type="checkbox"/>	
			Executor/Trustee other than tax	<input type="checkbox"/>	
Attest Services		%	Personal Financial Planning	<input type="checkbox"/>	
Compilations	<input type="checkbox"/>		Forensic Accounting	<input type="checkbox"/>	
Reviews	<input type="checkbox"/>		Personal Business Management	<input type="checkbox"/>	
Public Entities Audit	<input type="checkbox"/>		Elder Care	<input type="checkbox"/>	
Non Public Entities For Profit Audit (assets less than / equal to \$50M)	<input type="checkbox"/>		Forecasts and Projections	<input type="checkbox"/>	
Non Public Entities For Profit Audit (assets greater than \$50M)	<input type="checkbox"/>		Registered Investment Advisory	<input type="checkbox"/>	
Non-Profit Audit	<input type="checkbox"/>		Real Estate Agent	<input type="checkbox"/>	
Benefit Plan Audit	<input type="checkbox"/>		Life/Health Insurance Agent	<input type="checkbox"/>	
Governmental Audit	<input type="checkbox"/>				%
Other Audit	<input type="checkbox"/>		Other Services (attach description)	<input type="checkbox"/>	
		%			
Information Technology					
	<input type="checkbox"/>				

11. Do any personnel of the firm maintain a professional license other than accountant, registered representative, insurance agent, investment advisor or real estate agent? Yes ___ No ___

If yes, please provide the person's name, type of license, revenues from activity, current insurance carrier, limits of liability and expiration date on a separate sheet.

12. Within the last three years, has your firm, predecessor firms or personnel on behalf of the forgoing rendered or are in the process of bidding or plan to bid on any of the following professional services?

a. Audits, reviews, attestation or consulting services for publicly held companies, their subsidiaries or their employee benefit plans Yes ___ No ___

b. Audits, reviews, attestation of non-public, government, non-profit, union or tribal entity clients
Yes ___ No ___

c. Sarbanes-Oxley Compliance reviews or other services related to SOX compliance
Yes ___ No ___

d. performed services or consented to the use of the firm's work product, in connection with public or private offerings of securities, real estate or other investments? Yes ___ No ___

If yes to any of the above, please complete the Audit Client Supplement.

13. Within the last three years has your firm, predecessor firms or personnel on behalf of the foregoing rendered or in the process of bidding or plan to bid on any of the following professional services?

a. Financial planning, asset management, or investment advisory services Yes ___ No ___

b. Receive commissions for the referral, solicitation or sales of securities, insurance products, real estate or other investments Yes ___ No ___

c. Organize, promote or solicit on behalf of or procure participants for investment ventures or provide management services for investment ventures Yes ___ No ___

d. Arrange debt or equity financing, acted as a business broker, underwritten the offering of private securities or provided fairness opinions Yes ___ No ___

e. Provide services regarding pooling of mortgages to be sold as bonds or mortgage backed securities Yes ___ No ___

If yes to any of the above, please complete the Financial Planning and Investment Supplement.

14. Within the last three years has your firm, predecessor firms or personnel on behalf of the foregoing rendered or in the process of bidding or plan to bid on serving as a trustee, co-trustee, executor, administrator or personal representative? Yes ___ No ___

If yes to any of the above, please complete the Trustee & Estate Supplement.

15. Within the last three years has your firm, predecessor firms or personnel on behalf of the foregoing rendered or in the process of bidding or plan to bid on providing 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 ___

If yes to any of the above, please complete the Elder Care Supplement

16. Within the last three years has your firm, predecessor firms or personnel on behalf of the foregoing rendered or in the process of bidding or plan to bid on performing information technology services? Yes ___ No ___

If yes to the above, please complete the Information Technology Supplement.

17. Within the last three years, has your firm, predecessor firms or personnel on behalf of the foregoing performed services for Financial Institutions? (Defined as Bank, Bank Holding Company, Savings Association, Savings and Loan, Credit Union, Thrift, building and loan association, broker/dealer or Insurance Company) Yes ___ No ___

If yes to the above, please complete the Financial Institution Supplement.

18. Within the past three years has your firm, predecessor firms or personnel on behalf of the foregoing rendered services, other than tax, for a business client that subsequently declared or filed for bankruptcy, defaulted on a debt obligation or became insolvent? Yes ___ No ___

If yes to the above, please complete the Client Insolvency Supplement.

19. Within the past three years has your firm, predecessors firms and personnel on behalf of the foregoing:

a. control the receipt or disbursement of client funds other than Trustee or Estate? Yes ___ No ___

b. have discretionary authority to invest for any employee benefit plan? Yes ___ No ___

If yes to any of the above, please complete the Fiduciary Services Supplement

20. Has your firm or any owner, partner or officer rendered professional services or conducted any business activities through a separate entity within the last three years?
Yes ___ No ___

If yes to the above please complete the Separate Entity Supplement.

21. Has your firm, predecessor firms or personnel on behalf of the forgoing provided professional services, other than tax, to a client in which, any Firm Member or spouse of any Firm Member served as an officer, director or partner, or owned an equity or financial interest? Yes ___ No ___

If yes to the above please complete the Outside Interest Supplement.

Practice Management

22. Within the last three years has your firm:

- a. Changed its name or ownership structure? Yes ___ No ___
- b. Merged with or acquired the business of any sole practitioner, accounting firm or other entity? Yes ___ No ___
- c. Reduced the number of its owners, partners or officers by 50% or more? Yes ___ No ___

If yes to any of the above, please provide details on a separate sheet.

23. Within the past three years, has your firm, predecessor firms or personnel on behalf of the forgoing organized, sold, acted as a sales promoter or sales agent or prepared any promotional sales material, provided tax advise, counsel or opinions with respect to any "reportable transaction" as defined in Treasury Regulation §1.6011-4(b)? Yes ___ No ___

If yes to the above, please provide complete details on a separate sheet.

24. Within the past three years, has your firm, predecessor firms or personnel on behalf of the forgoing organized, sold, acted as a sales promoter or sales agent or prepared any promotional sales material, provided tax advise, counsel or opinions, prepared or assisted in preparing any income, gift, or estate tax returns incorporating or reporting a tax shelter or other tax advantaged investment which provided taxable income exclusions or tax deductions exceeding \$500,000 in any one tax year? Yes ___ No ___

If yes to the above, please provide complete details on a separate sheet.

25. Within the past three years, has your firm or predecessor firms undergone a peer, quality or voluntary tax practice review under the AICPA, a state CPA society or other professional organization?
Yes ___ No ___

If yes, opinion rendered: ___ Unqualified ___ Modified ___ Other _____
Date issued _____

If the opinion was Modified or Other, please attach a copy of the Peer Review Report, Letter of Comments and the Letter of Response.

If no, please indicate anticipated date of review. If no review is planned please explain why.

26. Does the firm institute collection actions for unpaid fees? Yes ___ No ___

If yes please provide the following for all suits (including Small Claims Court)

Client Name	Date of suit	Services Rendered	Outstanding Amount owed	Status of Suit	Still a Client? Y/N	Engagement Letter? Y/N

27. Does the firm have a written internal quality control document? Yes ___ No ___

If no, please provide an explanation _____

28. Indicate the loss prevention tools used by your firm and firm members. Check all that apply.

Engagement Letters Updated	2 nd person/ partner review	Checklists	Client Screening	Record Retention
<input type="checkbox"/> Annually for all engagements	<input type="checkbox"/> All Services	<input type="checkbox"/> AICPA	<input type="checkbox"/> New Client Screening	<input type="checkbox"/> Retains all Documents per a schedule
<input type="checkbox"/> Annually for attest engagements	<input type="checkbox"/> Attest Services	<input type="checkbox"/> PPC	<input type="checkbox"/> Existing Client Screening	<input type="checkbox"/> Retains only audit and tax documents
<input type="checkbox"/> As engagement changes	<input type="checkbox"/> Tax Services	<input type="checkbox"/> Other _____	<input type="checkbox"/> None	<input type="checkbox"/> No document retention procedure
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> N/A		
<input type="checkbox"/> Not used	<input type="checkbox"/> No second person review			

29. Is the firm a member of any of the following? Please check all that apply.

AICPA Employee Benefit Plan Audit Quality Center ___

AICPA Government Audit Quality Center ___

30. Has any member of your firm attended a Loss Control Seminar in the last 3 years? Yes ___ No ___

If yes, provide a copy of the completion certificate(s).

31. 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 ___

Claims and Insurance History

32. Has any member of the firm or your predecessor firms been subject to an investigation by any governmental agency including state licensing board or regulatory agency? Yes ___ No ___

If yes, please provide the board transcript or other documentation including the resolution.

33. Has any member of the firm or your predecessor firms been charged or plead guilty to or indicted on a criminal charge? Yes ___ No ___

If yes, please provide details including date of occurrence, member(s) of the firm involved and the resolution on a separate sheet.

34. Have any lawsuits or claims been made against your firm, predecessor firms, or personnel on behalf of the forgoing during the past five years? Yes ___ No ___

If yes please complete the Claims/Incident Supplement for each claim.

35. Is the firm aware of any act, omission, fee dispute, Personal Injury, loss or fraudulent use of personal identity information or other circumstance which might be expected to be the basis of a claim or suit against the firm, predecessor firms or their personnel on behalf of the forgoing during the past five years, regardless of the actual validity of such a claim?

Yes ___ No ___

If yes, please complete the Claims/Incident Supplement for each incident

Optional coverage requests:

___ Employment Practices Liability Coverage - (complete the Employment Practices supplement)

___ Employee Dishonesty Coverage - Requested limit _____

___ Client Identity Theft (complete claims supplement for any prior fraudulent use of personal identity information that was in the care, custody or control of an insured or information holder.)

___ Blanket Nonprofit Directorship Coverage for Claims Expense
(complete the Nonprofit Directorship Supplement)

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

Address: P.O. Box 15266
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