

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



CPA Protector Plan
Acquisitions, Mergers and Material Changes Supplemental Application
Florida

Please complete a separate questionnaire for each merged or acquired firm.

1. Merged/acquired firm name _____
 Individual Partnership P.A. P.C. L.L.C. L.L. P. Other

2. Date acquired _____

3. Location of entity _____

4. Percent of billings assigned to successor firm ____%

5. Number of partners, principals, officers or owners that previously held the merged or acquired firm. _____

List all who are joining your firm: _____

6. Staff Information – List all professional staff coming from the merged or acquired firm.

Name	Position*	Full Time/ Part Time **	Member of AICPA? Y/N	Years in Practice

*Position: C = CPA A = Degreed Accountant O = Other billable Professional Staff
 **Part Time is defined as working 1000 hours or less a year

Provide number of non-professional staff joining your firm _____

7. Are there any services that the merged or acquired firm performed that were not being offered by your firm? Yes ___ No ___

If yes, please explain:

8. Gross Annual Revenues of the merged or acquired firm from the most recent financial statement: \$ _____

9. Areas of practice:

Re-assess the areas of practice for your firm to incorporate services from the merged or acquired firm. **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		<input type="checkbox"/>	Valuations		<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		<input type="checkbox"/>
Attest Services	%		Personal Financial Accounting		<input type="checkbox"/>
Compilations		<input type="checkbox"/>	Forensic Accounting		<input type="checkbox"/>
Audit-Not Public		<input type="checkbox"/>	Personal Business Management		<input type="checkbox"/>
Audit-Public		<input type="checkbox"/>	Elder Care		<input type="checkbox"/>
Audit-Other		<input type="checkbox"/>	Forecasts and Projections		<input type="checkbox"/>
Reviews		<input type="checkbox"/>	Registered Investment Advisory		<input type="checkbox"/>
	%		Real Estate Agent		<input type="checkbox"/>
Information Technology		<input type="checkbox"/>	Life/Health Insurance Agent		<input type="checkbox"/>
	%				
Other Services (<i>attach description</i>)		<input type="checkbox"/>			

a. Has your firm acquired new Audit/Attest clients? Yes ___ No ___

If yes, please complete the Audit Client Supplement.

b. Has your firm acquired new financial planning, asset management, or investment advisory clients? Yes ___ No ___

If yes, please complete the Financial Planning and Investment supplement.

c. Will your firm received commissions for the referral, solicitation or sales of securities, insurance products, real estate or other investments not previously reported? Yes ___ No ___

If yes, please complete the Financial Planning and Investment supplement.

d. Do any of the new personnel 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 activities, current insurance carrier, limits of liability and expiration date on a separate sheet of paper

e. Has your firm added or increased Information Technology Services? Yes ___ No ___

If yes, please complete the Information Technology Supplement.

10. Did the merged/acquired entity have professional liability insurance? Yes ___ No ___

If yes, please provide a copy of the last Declarations Page and any restrictive endorsements.

11. Has any member of the merged/acquired firm 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.

12. Has any member of the merged/acquired firm 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.

13. Have any lawsuits or claims been made against the merged/acquired firm, their 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.

14. Is the merged/acquired 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 merged/acquired firm, their 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

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.

The applicant understands the information submitted herein becomes a part of the applicant's application and is subject to the same representations and conditions.

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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