

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



CPA Protector Plan
Client Insolvency Supplemental Application

Florida

Please provide the following for any client where the firm provided Audit or Review services prior to the client's bankruptcy, insolvency or receivership.

Client Name	Client Annual Sales	Services provided by Applicant	Type of Action? Bankruptcy Insolvency or Receivership	Date of Bankruptcy	Date of Last Engagement

For all Clients noted above please complete the additional information.

Client Name	Going concern Issue? Y/N	Still a Client? Y/N	Court Appointed? Y/N	Firm named culpable party by Bankruptcy Trustee? Y/N

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

Address: P.O. Box 15266
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