

**NEW HAMPSHIRE INSURANCE COMPANY**  
**Administrative Offices: 175 Water Street 18<sup>th</sup> Floor, New York, NY 10038**



**CPA Protector Plan**  
**Elder Care Supplemental Application**

**Florida**

1. Provide gross annual revenues on an accrual basis earned by the firm for the prior fiscal year from 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).

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

Was this revenue included in the revenues reported on the application? Yes \_\_\_ No \_\_\_

2. Who is responsible for providing elder care services?

\_\_\_\_\_

Provide resumes of firm principles or managers in charge of elder care services and sample engagement letters.

3. Please provide the following:

- a. Total Number Elder Care Clients \_\_\_\_\_
- b. Total Number receiving attest services \_\_\_\_\_
- c. Total Number firm serves as a conservator or guardian \_\_\_\_\_
- d. Total number firm holds medical power of attorney \_\_\_\_\_

4. Please provide a detailed description of your elder care consulting and attest services. Attach a separate sheet if necessary.

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**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 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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