

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



**CPA Protector Plan**  
**Fiduciary Services Supplemental Application**

**Florida**

1. Funds under control of the firm or personnel:

	Last Fiscal Year	Estimate for Current Fiscal Year
Total funds under discretionary management	\$	\$
Total number of accounts		
Total funds under non-discretionary management	\$	\$
Total number of accounts		

2. Does a Firm member have check signature authority? Yes \_\_\_ No \_\_\_  
 If yes, is a countersignature required for all checks? Yes \_\_\_ No \_\_\_  
 Briefly describe monitoring procedures for receipt and disbursement of funds \_\_\_\_\_

3. Are client funds commingled with other funds? Yes \_\_\_ No \_\_\_  
 If yes, please explain: \_\_\_\_\_

4. Does the firm currently have a surety bond or other form of employee dishonesty insurance coverage? Yes \_\_\_ No \_\_\_  
 If yes, please provide amount of bond, the carrier and expiration date. \_\_\_\_\_

5. Is compensation based on any other method other than hourly fees? Yes \_\_\_ No \_\_\_  
 If yes, please explain method of compensation: \_\_\_\_\_

6. Complete the following for each client

Client Name	\$ Funds Managed	Written Agreement? Y/N	Discretionary Authority to invest funds? Y/N

For any client where no written agreement is in place, please explain: \_\_\_\_\_

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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 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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