

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



**CPA Protector Plan**  
**Information Technology Supplemental Application**

**Florida**

1. Provide gross annual revenues on an accrual basis earned by the firm from providing Information Technology related 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. From the amount above for the prior fiscal year, provide for each area of practice:

<b>Services</b>	<b>Y/N</b>	<b>% of Revenues</b>
Data Processing and Entry		
Recommending, selling and/or training clients on computer software/hardware		
Development, design and sale of computer software Software development <input type="checkbox"/> Software design <input type="checkbox"/> Installation <input type="checkbox"/> Mass distribution <input type="checkbox"/> (check all that apply)		
Monitor and maintaining client systems System security <input type="checkbox"/> Hardware Installation <input type="checkbox"/> Firewalls <input type="checkbox"/> Diagnostic Services <input type="checkbox"/> System testing <input type="checkbox"/> (check all that apply)		
Network design and installation		
Customization of software/ hardware for a single client Modify existing software <input type="checkbox"/> Modify existing hardware <input type="checkbox"/> Create new software <input type="checkbox"/> Create new hardware <input type="checkbox"/> (check all that apply)		
Hosting web sites or webpage development Webpage development <input type="checkbox"/> File Transfer Protocol Site <input type="checkbox"/> Webpage maintenance <input type="checkbox"/> Forum Manager <input type="checkbox"/> Webpage content provider <input type="checkbox"/> File Storage <input type="checkbox"/> Internet Access Provider <input type="checkbox"/> Electronic Bulletin Board Service <input type="checkbox"/> (check all that apply)		
Other – Please describe		
<i>Total should equal 100%</i>		

3. Who is responsible for overseeing Information Technology services?

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Provide resumes of firm principals or managers in charge of services, marketing materials used to promote these services and sample engagement letters.

**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)

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