

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



CPA Protector Plan
Nonprofit Directors Supplemental Application

Florida

1. Please provide the following information for each nonprofit entity for which coverage is requested.

Name of firm member	Position Held at nonprofit entity	Name of nonprofit entity	Entity's products, services or activities	Entity's revenue for last fiscal year

2. Does the firm provide any professional services to any of the entities for which coverage is requested? Yes ___ No ___

If yes describe the services and steps the firm has taken to minimize the potential conflict of interest:

3. Within the past five years has the nonprofit entity had any claims and or negotiated settlements concerning Directors & Officers (D&O) related issues? Yes ___ No ___

If yes, please complete a claims supplement for each claim.

4. Have any claims been made against any firm member applying for coverage while acting in the capacity of a director or officer? Yes ___ No ___

If yes, please complete a claims supplement for each claim.

5. Does the nonprofit entity currently carry D&O Insurance? Yes ___ No ___

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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