

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



CPA Protector Plan
Outside Interest Supplemental Application

Florida

Complete the following for each entity in which a firm member or spouse holds, an equity interest and/ or serves as a director or officer and the firm provides professional services other than Tax.

Entity Name			
Industry			
Firm Member/ Spouse Name			
Position Held by member/spouse			
Percent of Equity Interest by member/spouse			
List Firm Services provided to the entity			
Are these services provided by a firm member other than the individual listed above? Y/N			
Disclosed conflict? Y/N			

Attach additional sheets if needed.

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
 Tampa, FL 33684-5266