



TARGET PROFESSIONAL PROGRAMS
A Division of CRC Insurance Services



American Tax Preparers Program Application for Professional Liability Insurance

Dear Prospective Client,

Thank you for considering the American Tax Preparers Professional Liability Insurance Program, which is endorsed by the *National Society of Tax Professionals*. **Target Professional Programs** administers this program, and coverage is provided by **The Hartford**.

In addition to the application that follows, you'll find Coverage Cost Indications on the next page to help you estimate your cost in advance. Be sure to use the appropriate table for the state in which your firm does business, and note the Bookkeeping Factors if you'd like coverage for this service. If your firm has been in business for less than three years, please include your resume with your application.

You can return your completed application in any of three ways:

1. Scan all pages and email the file to: TaxPreparers@TargetProIns.com
2. Fax the document to: 630-961-0284
3. Mail your application to:
Target Professional Programs
American Tax Preparers Program
1230 East Diehl Road
Suite 350
Naperville, IL 60563

Assuming your firm is eligible for coverage, you can expect to receive your policy within seven-to-ten business days. We will email these documents to the email address you provide on your application. ***You will be directly billed by The Hartford once the policy is in effect. The bill will provide you with 20 days to make your payment, which can be made by check or electronic funds transfer.***

Please feel free to contact us if you have any questions:

Shelley Cvek

Toll-free: 800-692-5752, Ext. 228240

SCvek@TargetProIns.com

Dawn Harris

Toll-free: 800-692-5752, Ext. 228223

dharris@target-capital.com

Thank you for considering our program. We look forward to serving you!

P.S. If you've had prior claims, please complete and return a Supplemental Claim / Error Reporting Form along with your application. All forms are available online at: www.TargetProIns.com.

American Tax Preparers Professional Liability Insurance Program

COVERAGE COST INDICATIONS

The cost indications below include a \$10 administrative fee which helps cover expenses associated with the Risk Purchasing Group (RPG) used to maintain favorable rates. **THIS PRODUCT IS NOT AVAILABLE IN AK, HI & LA.** Also note: In KY, NJ & WV, a state-mandated surcharge will be added.

TABLE 1 (MOST STATES, EXCEPT CA AND NY) A \$100 RETENTION APPLIES TO ALL RATES.

NUMBER OF PEOPLE TO BE COVERED	\$10,000 EACH CLAIMS \$20,000 AGGREGATE	\$25,000 EACH CLAIM \$50,000 AGGREGATE	\$50,000 EACH CLAIM \$100,000 AGGREGATE	\$100,000 EACH CLAIM \$200,000 AGGREGATE
1-3	\$175	\$340	\$505	\$670
4	\$215	\$419	\$624	\$828
5	\$254	\$498	\$743	\$987
6	\$294	\$578	\$861	\$1145
7	\$333	\$657	\$980	\$1304
8	\$373	\$736	\$1099	\$1462
9	\$413	\$815	\$1218	\$1620
10	\$452	\$894	\$1337	\$1779

TABLE 2 (CA RESIDENTS ONLY) A \$100 DEDUCTIBLE APPLIES TO ALL RATES

CA ONLY NUMBER OF PEOPLE TO BE COVERED	\$10,000 EACH CLAIM \$20,000 AGGREGATE	\$25,000 EACH CLAIM \$50,000 AGGREGATE	\$50,000 EACH CLAIM \$100,000 AGGREGATE	\$100,000 EACH CLAIM \$200,000 AGGREGATE
1-3	\$191	\$372	\$553	\$733
4	\$234	\$459	\$683	\$908
5	\$278	\$546	\$814	\$1082
6	\$322	\$633	\$945	\$1256
7	\$365	\$720	\$1075	\$1430
8	\$409	\$807	\$1206	\$1605
9	\$452	\$894	\$1337	\$1779
10	\$496	\$982	\$1467	\$1953

TABLE 3 (NY RESIDENTS ONLY) A \$100 DEDUCTIBLE APPLIES TO ALL RATES. (NY rates do not include the \$10 administrative fee as it is not applicable in this state).

NY ONLY NUMBER OF PEOPLE TO BE COVERED	\$10,000 EACH CLAIM \$10,000 AGGREGATE	\$25,000 EACH CLAIM \$25,000 AGGREGATE	\$50,000 EACH CLAIM \$50,000 AGGREGATE	\$100,000 EACH CLAIM \$100,000 AGGREGATE
1-3	\$181	\$362	\$543	\$723
4	\$224	\$449	\$673	\$898
5	\$268	\$536	\$804	\$1072
6	\$312	\$623	\$935	\$1246
7	\$355	\$710	\$1065	\$1420
8	\$399	\$797	\$1196	\$1595
9	\$442	\$884	\$1327	\$1769
10	\$486	\$972	\$1457	\$1943

TABLE 4 COST FACTORS FOR OPTIONAL BOOKKEEPING COVERAGE

If you would like bookkeeping coverage, multiply your Coverage Cost Indication from the Table above by the appropriate factor below. Add the two costs for total annual premium.

BOOKKEEPING AS A % OF TOTAL WORK	CHARGE FACTOR
1-10%	1.15
11-25%	1.25
26% OR MORE	1.33



TARGET PROFESSIONAL PROGRAMS
Insurance for Particular Professionals

www.TargetProIns.com

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The Hartford is Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies, Twin City Fire Insurance Company, Hartford Fire Insurance Company, Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Its headquarters is in Hartford, CT. Premium indications are a good faith estimate and subject to the full underwriting of all account information. Coverage is not guaranteed. All information herein is as of June 2015. In Texas, insurance is underwritten by Twin City Fire Insurance Company.

Twin City Fire Insurance Company
 Name of Insurance Company to which Application is made

**TAX PREPARERS ERRORS AND OMISSIONS LIABILITY INSURANCE
 APPLICATION FOR A CLAIMS MADE POLICY**

This is an application for a CLAIMS-MADE AND REPORTED Policy

If a policy is issued this application will attach to and become part of the policy. Therefore, it is important that all questions are answered accurately. **If additional space is required, please provide complete details on Applicant's letterhead.**

NOTICE: THIS PROFESSIONAL LIABILITY INSURANCE IS WRITTEN ON A CLAIMS-MADE AND REPORTED BASIS AND PROVIDES COVERAGE FOR THOSE CLAIMS WHICH ARE FIRST MADE AND REPORTED TO THE COMPANY WHILE THIS INSURANCE IS IN FORCE AND WHICH ARE THE RESULT OF WRONGFUL ACTS OCCURRING ON OR AFTER THE RETROACTIVE DATE SHOWN IN ITEM 8 OF THE DECLARATIONS PAGE. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT, AN EXTENDED REPORTING PERIOD APPLIES. THE INSURANCE PROVIDED BY THIS POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS WILL BE REDUCED BY AMOUNTS INCURRED FOR DEFENSE COSTS. DEFENSE COSTS SHALL ALSO BE APPLIED AGAINST THE RETENTION AMOUNT.

The intent of this policy is to cover those firms ONLY providing Tax Preparation and / or Bookkeeping services. Other services may be eligible for coverage under the Accountants Professional Liability program.

1. Full Legal Name of Applicant (include trading names and DBA's under which the applicant operates): _____

Principal Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Website Address: _____ Email Address: _____

Contact Name: _____ Telephone: _____ Fax: _____

2. Applicant is a: Sole Proprietor Partnership Corporation Other: _____

3. Date Applicant established: _____
 (Month/Day/Year)

4. During the past five (5) years, has the name or ownership of the Applicant changed or has there been an acquisition, merger, consolidation or any other change? Yes No
If "Yes", please provide complete details on a separate sheet.

5. Check all that apply: CPA Financial Planner Accountant Enrolled Agent Attorney

6. The policy provides coverage for tax preparation and notary public work. Bookkeeping coverage is available for an extra charge.
 a) Do you want coverage for bookkeeping activities Yes No
 b) What percentage of Applicant's gross receipts is bookkeeping? _____%

7. Indicate the number of staff associated with the Applicant: _____
 (Please include yourself and all personnel, including clerical, who are involved in tax preparation & bookkeeping)

8. a. Indicate gross annual revenue for the Applicant. **(If Applicant is newly established, please provide best estimate)**

Current Fiscal Year (Estimated)	Last Fiscal Year
Ending: _____	Ending: _____
\$ _____	\$ _____

b. Indicate total number of returns for the last fiscal year: _____

9. During the past five (5) years, has the Applicant ever had professional liability insurance or similar insurance declined, cancelled or non-renewed for any other reason other than a carrier's withdrawal from the market? **Not applicable in the State of Missouri; therefore, Missouri applicants must not respond to the question.** Yes No
If "Yes", please provide complete details on a separate sheet.
10. During the past five (5) years, has the Applicant or any member of the Applicants staff ever had a professional liability claim, or become aware of any act or omission which might reasonably be expected to be the basis of a claim..... Yes No
If "Yes", please complete the Supplemental Claim Form.
11. During the past five (5) years), has any member of the Applicants staff had their license revoked or suspended, or been subject to any disciplinary action, investigation, inquiry or fine by any licensing board, regulatory agency or professional association?
 Yes No
If "Yes", please provide complete details on a separate sheet.
12. Please select desired coverage limits by checking one box from either Table A or Table B below:

Table A—U.S. (excluding New York)

<input type="checkbox"/> \$10,000 each claim/\$20,000 aggregate	<input type="checkbox"/> \$50,000 each claim/\$100,000 aggregate
<input type="checkbox"/> \$25,000 each claim/\$50,000 aggregate	<input type="checkbox"/> \$100,000 each claim/\$200,000 aggregate

Table B—New York only

<input type="checkbox"/> \$10,000 each claim/\$10,000 aggregate	<input type="checkbox"/> \$50,000 each claim/\$50,000 aggregate
<input type="checkbox"/> \$25,000 each claim/\$25,000 aggregate	<input type="checkbox"/> \$100,000 each claim/\$100,000 aggregate

13. Effective date desired: _____
 (NOTE: If you have *not* carried insurance in the past two years, we can include Prior Acts Coverage at your request. It will cover you for one year prior to the effective date above.)
 Yes Please provide Prior Acts Coverage for a period of one year prior to my effective date.
14. List the professional liability insurance coverage carried by the Applicant and any predecessor firm(s) during the past five (5) years, including any periods without coverage. **If no past coverage, indicate NONE.**

Effective (mm/dd/yy)	Expiration (mm/dd/yy)	Insurance Company	Limits of Liability (per claim/aggregate)	Deductible/Retention	Annual Premium

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

Not applicable in Florida, Georgia, Kansas, Kentucky, Maine, New Hampshire, New York, North Carolina, Oregon, and West Virginia.

WARRANTY: The Applicant warrants that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated therein if the Company accepts this application by issuance of a policy. It is hereby agreed and understood that this warranty constitutes a continuing obligation to report to the Company, as soon as possible, any material change in the circumstances of the Applicant's business, including but not limited to size of firm, areas of business engaged in by the firm and information contained on each supplemental application submitted by the Applicant.

The Applicant hereby authorizes the release of all claims information from any prior insurer to the Company. The Applicant agrees that the organization releasing the information, its agents, servants or employees shall not incur any liability as a result of any information released or furnished pursuant to this authorization including any errors, omissions or mistakes contained in such released information.

NOTE: In applying for coverage, the Applicant agrees that in the event of covered losses, he/she will be required to be defended by an attorney appointed by the Company.

The Applicant hereby acknowledges that he/she is aware that the limit of liability shall be reduced, and may be completely exhausted, by defense costs and in such event, the Company shall not be liable for defense costs or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability.

The Applicant hereby further acknowledges that he/she is aware that defense costs that are incurred shall be applied against the deductible amount.

The Applicant understands and accepts that the policy applied for provides coverage on a "claims-made and first reported" basis for only those claims that are made against the Insured while the policy is in force and that coverage ceases with the termination of the policy.

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

Applicable in Florida, Georgia, Kansas, Kentucky, Maine, New Hampshire, New York, North Carolina, Oregon, and West Virginia.

The Applicant represents that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated therein if the Company accepts this application by issuance of a policy. It is hereby agreed and understood that this representation constitutes a continuing obligation to report to the Company, as soon as possible, any material change in the circumstances of the Applicant's business, including but not limited to size of firm, areas of business engaged in by the firm and information contained on each supplemental application submitted by the Applicant.

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FRAUD WARNING STATEMENTS

ATTENTION ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

ATTENTION COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

ATTENTION 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 OF THE THIRD DEGREE.

ATTENTION KANSAS APPLICANTS: INSURANCE FRAUD IS A CRIMINAL OFFENSE IN KANSAS. A " FRAUDULENT INSURANCE ACT " MEANS AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY

FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

ATTENTION KENTUCKY, OHIO AND PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

ATTENTION LOUISIANA, MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

ATTENTION NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

ATTENTION NEW HAMPSHIRE AND NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION TO THE BEST OF HER/HIS KNOWLEDGE ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

ATTENTION OKLAHOMA APPLICANTS: WARNING, ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

ATTENTION OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

ATTENTION VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

I HEREBY DECLARE that all statements and answers herein are full, complete and true to the best of my knowledge and belief and that no material circumstances or information concerning the subject matter of the questions asked has been withheld or omitted.

ATTENTION NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

SIGNATURE OF APPLICANT* _____ DATE _____

PRINT OR TYPE NAME AND TITLE _____

*Signing this form, or deposit of the remittance, does not bind the APPLICANT, company or underwriting manager to complete the insurance. Application must be signed and dated to be considered for coverage.

Additionally required of applicants in Florida, & Iowa

Name of Agent _____ Agent License #: _____
(Required: Florida, & Iowa only) (Required: Florida only)

Print Name: _____ Name of Agency: _____

Address: _____

Date: _____ Agent Signature: _____
(Required: Florida only)

Where did you learn about the American Tax Preparers Purchasing Group and/or Target Professional Programs, a division of CRC Insurance Services, Inc.? _____