



Specified Professions Professional Liability Supplemental Application for Tax Preparers and Bookkeepers

Applicant's name: _____

1. Please provide a percentage breakdown of the applicant's 12-month revenue and whether engagement letters are used for each practice area. Percentages should equal 100%.

Area of Practice	% of Total Revenue	Engagement Letter Used
Bookkeeper (with no tax preparation)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Payroll Processor (money handling/access to payroll funds and/or printing/issuing/distributing payroll checks)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Tax Preparation		<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Tax Preparation		<input type="checkbox"/> Yes <input type="checkbox"/> No
Audit for Public Companies		<input type="checkbox"/> Yes <input type="checkbox"/> No
Audit for Non-public Companies		<input type="checkbox"/> Yes <input type="checkbox"/> No
Attest/Assurance		<input type="checkbox"/> Yes <input type="checkbox"/> No
Review		<input type="checkbox"/> Yes <input type="checkbox"/> No
Compilation		<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Valuation		<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Due Diligence for Mergers/Acquisitions		<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Tax Assessments/Appeals		<input type="checkbox"/> Yes <input type="checkbox"/> No
CFO/Interim Management/Controller		<input type="checkbox"/> Yes <input type="checkbox"/> No
Management Advisory Services/Business Planning		<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax Credit Consulting		<input type="checkbox"/> Yes <input type="checkbox"/> No
Training		<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Planner or Registered Investment Advisor		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trustee or Fiduciary		<input type="checkbox"/> Yes <input type="checkbox"/> No
Forensic/Investigative Accounting Services		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (please describe)		<input type="checkbox"/> Yes <input type="checkbox"/> No

This application is a supplement to the Specified Professions Professional Liability Application submitted by the applicant. All representations, fraud statements, acknowledgments, understandings and agreements set forth in the Specified Professions Professional Liability Application are incorporated by reference as though fully set forth herein.

Applicant's signature _____ Title _____ Date: _____
 (Principal, Partner or Officer)

Print name _____

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Issued or made by United States Liability Insurance Company, Canada Branch in the course of its business in Canada.



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