

ALLSOUTH
PROFESSIONAL LIABILITY, INC.

P.O. Box 66689, St. Pete Beach, FL 33736-6689
Phone (813) 288-0990 Fax (813) 282-0994

TAX PREPARATION – BOOKKEEPING SERVICES SUPPLEMENTAL APPLICATION

- 1) Does the applicant employ or use Certified Public Accountants in the performance of services for clients? ___ Yes ___ No
If Yes, provide details _____

- 2) Does the applicant provide legal advice, render opinions or otherwise interpret tax laws or rulings or accounting rules, standards or principles? ___ Yes ___ No
If Yes, attach a description of such activity.

- 3) Does the applicant supervise or manage any investment or trust funds on behalf of clients? ___ Yes ___ No
If Yes, attach a description of such activity.

- 4) Attach a description of the training period provided or required of employees.

- 5) Indicate the percentage of estimated gross receipts derived from each of the following:
 - a) Tax Returns - Individuals _____ %
 - b) Tax Returns - Businesses _____ %
 - c) Bookkeeping - Individuals _____ %
 - d) Bookkeeping - Businesses _____ %

It is understood and agreed that this supplemental application shall become part of the application for Professional Liability Errors & Omissions Insurance.

Date

Name of Applicant

Signature of person authorized
to execute on behalf of the
Applicant