Covers bookkeepers, enrolled agents, and tax-preparation offices, including seasonal offices and franchise locations. CPA firms use CWCO-SUP-ACCOUNTING. Complete with ACORD 125.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS

BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL

PTINS (COUNT)	EFIN HOLDER (Y / N)	ENROLLED AGENTS (COUNT)

2 OPERATIONS

SERVICE	% OF REVENUE

Services: individual tax returns; business tax returns; bookkeeping; payroll processing and deposits; sales-tax filing; IRS representation; refund transfer products; other.

RETURNS PREPARED PER YEAR	EITC / CREDIT RETURNS (%)	SEASONAL PREPARERS	OFFICES

2-1 Does the firm process payroll or make tax deposits from client funds? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the firm offer refund transfers or refund advance products? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — RETURN ACCURACY, DUE DILIGENCE & DATA

The IRS imposes per-failure penalties on preparers who don't meet due-diligence rules for credits like the EITC, and errors expose clients to penalties and interest. Seasonal staff handling sensitive data must also meet the FTC Safeguards Rule.

3-1 Does every paid preparer hold a PTIN and sign the returns they prepare? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Are due-diligence checklists (Form 8867) completed and kept for every credit return that requires them? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Are returns reviewed by a second preparer before filing? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Are seasonal preparers trained on the firm's procedures before tax season? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Does the firm have a written information security plan meeting IRS and FTC requirements? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Are preparers' accounts on tax software individual and protected by multi-factor authentication? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Is the applicant currently, or has it previously been, insured on a claims-made professional liability policy? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Has any professional liability carrier declined, cancelled, or non-renewed the applicant? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Does every professional complete the continuing education their license requires? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Are client files kept under a written retention policy? ☐ Yes ☐ No
IF YES, EXPLAIN

3-11 Has the firm or a preparer received an IRS penalty, injunction, or client claim? ☐ Yes ☐ No
IF YES, EXPLAIN

CURRENT PL / E&O CARRIER	RETROACTIVE DATE	LIMIT / DEDUCTIBLE

4 EXPOSURE & RISK QUESTIONS — PAYROLL, CLIENT FUNDS & REFUND PRODUCTS

4-1 If yes to 2-1, are client tax deposits made directly from client accounts, not pooled in the firm's account? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 2-1, is a deposit calendar tracked with confirmation of every payment? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 If yes to 2-2, are refund-product fees disclosed in writing before clients sign? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Are employees with access to client funds background-checked? ☐ Yes ☐ No
IF YES, EXPLAIN

5 REVENUE

ANNUAL GROSS REVENUE ($)	TAX PREP REVENUE ($)	BOOKKEEPING / PAYROLL REVENUE ($)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

CYBER CARRIER / LIMITS	CRIME / FIDELITY (Y / N)	FRANCHISE PROGRAM COVERAGE (Y / N)

6-1 Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED ($)	OPEN / CLOSED

6-2 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No
IF YES, EXPLAIN

7 RISK MANAGEMENT

7-1 Are client records disposed of securely when retention periods end? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Is there an incident response plan, including IRS notification after data theft? ☐ Yes ☐ No

IF YES, EXPLAIN

8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE