



HCC Surety Group
1610 Arden Way, #273, Sacramento, CA 95815

AGENT USE ONLY
BOND NUMBER

CALIFORNIA SPEEDY APPLICATION

A BOND INFORMATION			
Select bond type, effective date and provide the additional information REQUESTED EFFECTIVE DATE :		<input type="checkbox"/> PROCESS SERVER BOND Bond Amount \$2,000 with premium of \$50.00 for a 2 year term COUNTY:	<input type="checkbox"/> DEFECTIVE TITLE BOND Rate is 2% of bond amount required by DMV with a \$100.00 minimum premium. If bond amount exceeds \$5,000 additional underwriting is required BOND AMOUNT: <i>current market value of vehicle</i>
<input type="checkbox"/> TAX PREPARER BOND Bond Amount of \$5,000 <i>Select Term of Bond</i> <input type="checkbox"/> \$45.00 for 1 year <input type="checkbox"/> \$55.00 for 2 years <input type="checkbox"/> \$70.00 for 3 years <input type="checkbox"/> \$80.00 for 4 years	<input type="checkbox"/> INSURANCE BROKER BOND Bond Amount of \$10,000 with premium of \$100.00 for a 2 year term LICENSE NUMBER:	MAKE	MODEL
	<input type="checkbox"/> NOTARY BOND Bond Amount \$15,000 with premium of \$50.00 for a 4 year term COMMISSION START DATE:	YEAR	BODY TYPE
		LICENSE PLATE NUMBER	
		VEHICLE IDENTIFICATION NUMBER/ SERIAL NUMBER	

B BUSINESS INFORMATION	
NAME (MUST BE EXACTLY AS IT IS TO APPEAR ON BOND)	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC/LLP
ADDRESS	BUSINESS PHONE
CITY/ STATE/ ZIP	BUSINESS FAX

C INDEMNITOR INFORMATION			
FIRST NAME/ MIDDLE NAME/ LAST NAME	DRIVER'S LICENSE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER
HOME ADDRESS	EMAIL ADDRESS		
CITY/ STATE/ ZIP	HOME PHONE NUMBER	HOME FAX NUMBER	

INDEMNITY AGREEMENT - READ CAREFULLY. Your signature creates legal consequences to you.

In consideration of American Contractors Indemnity Company, U. S. Specialty Insurance Company, and/or United States Surety Company referred to hereafter as "Surety," issuing the bond applied for, the undersigned agrees for themselves, their heirs, successors and assigns, jointly and severally:

- PREMIUM:** To pay Surety an annual premium in advance each year during which liability under the bond shall continue in force and until satisfactory evidence of termination of the Surety's liability is furnished to the Surety.
- INDEMNITY:** To exonerate, indemnify, reimburse and hold Surety harmless from and against all demands, liabilities, losses, costs, damages, attorneys' fees and expenses of whatever kind or nature which arise by reason of, or in consequence of, the Surety's issuance of the bond applied for, whether or not the Surety shall have paid any sums in partial or complete payment thereof, including but not limited to: sums paid including interest; liabilities incurred in settlement of claims; expenses paid or incurred in connection with claims, suits, or judgments under such bond, in enforcing the terms of this agreement, in procuring or attempting to procure release from liability by Surety, and in recovering or attempting to recover losses or expenses paid or incurred; and attorneys fees and all legal or professional services.
- COLLATERAL:** If a claim or demand is made against Surety, whether disputed or not, or Surety deems it necessary to establish a reserve for potential claims, and upon demand from Surety, the undersigned shall deposit with Surety cash or other property acceptable to Surety as collateral security, in a sufficient amount to protect Surety with respect to such claim or potential claims and others amounts which may become due under this agreement. Such collateral may be held or utilized by Surety until it has received evidence of its complete exoneration and discharge, and until it has been fully reimbursed for all amounts which may become due under this agreement.
- CREDIT RELATIONSHIP:** The undersigned hereby authorizes the Surety or its representatives to examine the credit history, department of motor vehicle records, employment history, books and records of the undersigned or the assets covered by the bond, or the assets pledged as collateral for the bond.
- GENERAL PROVISIONS:** Surety and undersigned agree that the place of performance of this agreement, including the promise to pay Surety, shall be in Los Angeles County, California, and venue for any suit, arbitration, mediation or any other form of dispute resolution shall be in Los Angeles County, California. Surety shall, at its option and in its sole discretion, have the right to issue, decline to issue, renew or cancel the bond. This agreement is a continuing obligation of the undersigned until Surety is exonerated and released from any liability under the bond. The obligations of the undersigned hereunder are joint and several. Surety may bring separate suits hereunder against any of the undersigned as causes of action may accrue hereunder. Undersigned warrant that each of them is specifically and beneficially interested in obtaining the bond. The invalidity of any provision of this agreement by reason of the law of any state or by any other reason shall not affect the validity of any other provision of this agreement. This agreement may not be changed or modified without the written consent of Surety. The undersigned agree to hold all money or other proceeds derived from the undersigned's actions covered by the bond for the purpose of performing the duties owed under the bond and discharging the obligations of the bond, and for no other purpose until the bond is completed exonerated.

Regardless of the date of signature, this agreement is effective as of the date of execution and renewal of the aforementioned bond and is continuous until Surety is satisfactorily discharged from liability pursuant to the terms and conditions contained herein and in the bond(s).

Signed, sworn to and dated this _____ day of _____, _____.

X _____
(Authorized Representative and Individually)

X _____
(Authorized Representative and Individually)

Agent Name:	MISSION COUNTIES INSURANCE AGENCY INC.	Phone:	(408)979-2241
Address:	P.O. BOX 6717	Fax:	(408)978-6801
City, State, Zip	SAN JOSE, CA 95150	HCCS Prod No.	3378

Visit us at www.hccsurety.com for more information

PLEASE NOTE: THIS IS A CLAIMS MADE POLICY

Name of Business (Exact Name)			
Address (include any branch location addresses)			
(Street and Number)	(City)	(State)	(Zip)
Check all that apply: <input type="checkbox"/> CPA <input type="checkbox"/> Enrolled Agent (*discount applies) <input type="checkbox"/> Financial Planner <input type="checkbox"/> Attorney <input type="checkbox"/> Accountant <input type="checkbox"/> Independent Practitioner		Total Number of Owners and Employees (Include part-time): <hr/> Amount of Coverage Requested: <input type="checkbox"/> \$10,000/\$20,000 <input type="checkbox"/> \$25,000/\$50,000 <input type="checkbox"/> \$50,000/\$100,000 <input type="checkbox"/> \$100,000/\$200,000	
Are you a member of a tax preparer's association? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify which one. _____			
Do you want optional bookkeeping coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No What percentage of your business is bookkeeping? _____ %			
Policy includes one year complimentary retroactive coverage. Do you want to purchase a second year? <input type="checkbox"/> Yes <input type="checkbox"/> No			

*Discounts Not Available in Hawaii or Tennessee

1. Have you sustained any prior losses? Yes No Do you currently carry errors and omissions insurance? Yes No
Please provide the amount, details, and insurance claim status of any prior losses. (Use a separate sheet of paper if necessary.)

2. Number of years of experience preparing tax returns? _____
3. What types of returns does your firm prepare? Personal Commercial
4. Have you and your other supervisors attended a continuing education course in the last year? Yes No
5. Does your firm subscribe to a tax reporter service or similar publication? Yes No
If so, are they required reading for all preparers? Yes No
6. Does your firm regularly check the accuracy of your computer software? Yes No
7. a. Does your firm utilize an outside tax preparation service? Yes No
b. If yes, does the service hold you harmless for liability that may be incurred as a result of their performance? Yes No
8. Is there a review of all tax preparation by a supervisor who is not involved in that preparation prior to releasing the return? Yes No
9. Have you or any member of your firm been subject to a tax preparer's fine(s) or penalty levied by the Internal Revenue Service, or to disciplinary action by any state board of accountancy, AICPA, or state society? Yes No
If yes, please list the dates, dollar amounts, and other specifics. _____
10. Has your firm had a peer review under the sponsorship of the AICPA, a state society, or any other professional association, in the last three (3) years? Yes No If yes, were any deficiencies found regarding tax preparation? If so, what steps have been taken to prevent recurrence? _____
11. The applicant hereby warrants that, to the best of his/her/its knowledge, no facts currently exist which could reasonably give rise to a claim against this policy.

Applicant's Signature _____ Date: _____

Applicant: please print or type your name here _____

 Check here if this has been previously faxed to us.

Your CNA Surety Agent is:			
MISSION COUNTIES INSURANCE AGENCY, INC.			
P O BOX 6717			
Address _____			
SAN JOSE	Street CA	95150	
City	0 4	State	0 6 9 Zip 5
Agent's Code _____			

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

CNA SURETY

P.O. Box 5077 Sioux Falls, South Dakota 57117-5077
1-800-331-6053 FAX 1-605-335-0357
www.cnasurety.com

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Rates:

Tax Preparers' Errors & Omissions Insurance Rates* (Annual Premium)

Number of Employees	\$10,000 single/ \$20,000 aggregate	\$25,000/\$50,000	\$50,000/\$100,000	\$100,000/\$200,000
1-3	\$182	\$363	\$556	\$737
4	\$226	\$451	\$686	\$909
5	\$270	\$539	\$817	\$1,086
6	\$314	\$627	\$947	\$1,260
7	\$358	\$715	\$1,078	\$1,434
8	\$402	\$803	\$1,209	\$1,608
Each Additional	\$44	\$88	\$131	\$174

* Different Rates apply in Hawaii

Tax Preparers' Errors & Omissions Discounts*

Enrolled Agent	0.9 factor
Tax Preparer Association Member	0.9 factor
Enrolled Agent and Association Member	0.85 factor

*Discounts not available in Hawaii or Tennessee.

Tax Preparers' Errors & Omissions – Additional Coverage Options

	\$10,000 single/ \$20,000 aggregate	\$25,000/\$50,000	\$50,000/\$100,000	\$100,000/\$200,000
1 Year Retroactive	complimentary	complimentary	complimentary	complimentary
2 Year Retroactive	\$125	\$250	\$375	\$500
Bookkeeping	1-10%	1.15 factor		
	11-25%	1.25 factor		
	25%+	1.33 factor		
Extended Reporting	0.5 factor	0.5 factor	0.5 factor	0.5 factor

12/09