



Accountants

Product brochure

United States

Overview

Today's professionals expect the best of both worlds from their insurance; an easy, quick buying process, yet comprehensive cover all at a competitive price. Accountants, bookkeepers and other financial professionals need unambiguous and robust professional liability coverage to protect from the wide range of exposures they face. This could be anything from a clerical or filing error in a tax form to a technology error derived from their accounting software. Cyber coverage, general liability and property coverage are also available to give the Insured true peace of mind.



About CFC

CFC is a specialist insurance provider, pioneer in emerging risk and market leader in cyber. Our global insurance platform uses cutting-edge technology and data science to deliver smarter, faster underwriting and protect customers from today's most critical business risks.

Headquartered in London with offices in New York, Austin, Brussels and Brisbane, CFC has over 500 staff and is trusted by more than 100,000 businesses in 90 countries. Learn more at [cfcunderwriting.com](https://www.cfcunderwriting.com) and [LinkedIn](#).

Contact



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Coverage highlights

Comprehensive errors & omissions cover

Full errors and omissions cover including breach of contract, bodily injury and property damage, vicarious liability of subcontractors, intellectual property rights infringement, regulatory costs and fines, libel, slander and defamation, loss of documents and the payment of withheld fees.

Affirmative technology products and services coverage

Accounting professionals of all sizes rely on technological solutions to delivery their services. That's why our coverage contains affirmative technology products and services coverage in addition to coverage for more traditional exposures.

Cyber liability coverage

Given their handling of delicate financial information for their clients, accounting and tax professionals are exposed to a wide array of cyber exposures, from privacy breach claims to extortion and social engineering. CFC can package robust cyber coverage alongside our professional and general liability coverages.

Comprehensive worldwide legal cover

Our policy includes cover for suits brought anywhere in the world as standard. We also offer full civil liability coverage and cover costs incurred in relation to a claims or loss case covered by this policy.

Regulatory costs and fines

Regulatory liability coverage as standard for fines, penalties and associated costs, including affirmative coverage at the full policy limit for claims arising from IRS fines and penalties pursuant to the Internal Revenue Code Sections 6694, 6695(a) or 6713. IRS fines and penalties coverage will be subject to a nil deductible.

Commercial general liability

Our policy includes commercial general liability on an occurrence form including products and completed operations, tenants' legal liability, non-owned and hired automotive costs and medical expenses.

Appetite

What we love

Accounting IT/software implementation, bookkeepers, certified public accountants, compilations, forensic, management advisory/consulting, payroll services, tax advisory/preparation.

What we consider

Audits of small privately owned companies, forecasts and projections, and executor/trustee services.

What we ordinarily decline

Business valuations, investment advisory, insolvency, liquidation & receivership, M&A due diligence, personal finance planning, securities activities, and tax minimization schemes.

Optional extras

Defence outside of the limits, first dollar defence, project specific aggregate, subpoena assistance and IRS fines and penalties cover.

Limits, deductibles, premiums, revenue threshold

Maximum limit E&O	\$10,000,000
Maximum limit CGL	\$6,000,000
Maximum limit Umbrella	\$5,000,000
Minimum deductible	\$0
Minimum premium (E&O)	\$500
Minimum premium (CGL)	\$475
Minimum premium (Umbrella)	\$500
No revenue threshold	

Coverage is subject to underwriting and the terms, conditions, and limits of the issued policy.

The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

Section 1: Company Details

1.1 Please state the name and address of the principal company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal company, but only if you include the data from all of these subsidiaries on your answers to all of the questions in this form.

Company name:

Primary address (Address, State, ZIP, Country):

Website:

1.2 Date business was established: (MM/DD/YYYY):

1.3 Number of employees:

Section 2: Areas of Practice

2.1 Please briefly describe below the nature of your business activities:

If you have a brochure, or company literature, please attach to this form.

2.2 Please provide a full breakdown of your total revenue by activity:

The total of all activities listed here should equal 100%:

Business Tax	%	%	Litigation Support	%
Estate Tax	%	%	Assurance Services	%
Individual Tax	%	%	Fiduciary, Executorship & Trustee	%
Financial Planning & Investment Advisory	%	%	EDP Consulting	%
Bookkeeping	%	%	Implementation of financial software	%
Audit: Non-Public	%	%	Forecast/ Projections	%
Audit: Publicly Held	%	%	Payroll Services	%
Audit: Government, Municipal, Non-Profit	%	%	Mergers, acquisition or disposals	%
Other (please specify below)	%	%	Technology products and services (please specify below)	%

If 'other' or 'technology products and services', please provide further information on these activities:

2.3 Please provide a full breakdown of your total revenue by industry sector:
The total of all industry sectors listed here should equal 100%:

Individuals	%	Non-profits or charities	%
Individuals – High Net Worth >\$10m assets	%	Trusts >\$10m assets	%
Small private companies <\$100m revenue	%	Financial institutions/Insurance Companies	%
Large private companies >\$100m revenue	%	Government or Public institutions	%
Small public companies <\$100m revenue	%	Healthcare or HMO	%
Large public companies <\$100m revenue	%	Sports or entertainment	%
Stockbrokers/Investment advisers	%	Other (please specify below):	%

If 'other', please provide further information on these clients:

2.4 Please complete the following in respect of your three largest contracts in the past three years:

Name of client	Nature of work	Annual contract income	Duration
.....
.....

2.5 Approximately how many customers do you have?

2.6 Do you always carry out work under a written engagement letter signed by every client: Yes No

2.7 Please state whether your engagement letters are reviewed by legal counsel: Yes No

2.8 Please state whether you perform any work for clients who have foreign assets or business operations outside of the US: Yes No

If "yes", please provide further information:

2.9 Please state whether you provide any advice in connection with tax shelters: Yes No

Section 3: Claims experience

3.7 Please state whether you are aware of any incident:

- a) which may result in a claim under any circumstance for which you are applying to purchase in this application form: Yes No
- b) which resulted in legal action being made against any of the companies to be insured within the last 5 years: Yes No
- c) or cease and desist orders been made against you: Yes No
- d) which resulted in a partner or director being found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body? Yes No

If you have answered "yes" to any of the above then please describe the incident, including the monetary amount of the potential claim or the monetary amount of any claim paid or reserved for payment by you or by an insurer. Please include all relevant dates, including a description of the status of any current claim which has been made but has not been settled or otherwise resolved.

3.2 Please state whether you require cyber and privacy liability cover: Yes No

Important Notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit www.cfc.com/privacy

Contact Name:	<input type="text"/>	Position:	<input type="text"/>
Signature:	<input type="text"/>	Date (MM/DD/YYYY):	<input type="text"/>