



## ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE COVERAGE APPLICATION FORM “CLAIMS MADE” POLICY

### FINANCIAL PLANNING, INVESTMENT MANAGEMENT, AND ASSET ADVISORY SERVICES SUPPLEMENTAL APPLICATION FORM

1. Under what entity name/s is the financial planning, investment management and asset advisory services provided?

\_\_\_\_\_

Does this entity/ies have separate insurance coverage?  Yes  No

2. Please indicate what percentage of gross revenues were derived from financial planning, investment management, and asset advisory services undertaken by the Applicant over the last three (3) years: \_\_\_\_\_%. In addition, please indicate the percentage of these revenues that were commission-based: \_\_\_\_\_%.

3. Please indicate the total revenues for the current year and the previous year derived from financial planning, investment management, and asset advisory services \$ \_\_\_\_\_/\$\_\_\_\_\_. Please indicate the percentage of these revenues that were commission-based: \_\_\_\_\_%/\_\_\_\_\_%.

4. Services provided:

		% of Revenues
Financial Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sale of Securities	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Investment Management Services: Discretionary	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Investment Management Services: Non -Discretionary	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Asset Advisory Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (please describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

5. Products recommended and/or sold:

Type	% of Revenue by Type	Products		
I		Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Variable Annuities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Fixed Annuities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Life/Health/Disability/Accident Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
II		Listed Stocks/Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
III		Unlisted Stocks/Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Property/Casualty Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Foreign Securities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Options and Futures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Real Estate Investment Trusts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Private Placements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		General and Limited Partnerships	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IV		Derivatives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Hedge Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. Are any specific securities recommended by the Applicant?  Yes  No
7. Does the applicant have a contractual relationship with a securities broker or dealer?  Yes  No

*If yes, name entity(ies), the relationship, the services provided, and whether or not you or individual representatives are insured under their errors and omissions policy.*

Name	Relationship	Services	Separate Coverage	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

8. For any investment management services, please provide the following:

	Last Year	Current Year
<b>Discretionary Control</b>		
Total Funds	\$	\$
Total # of Accounts		
<b>Non-Discretionary Control</b>		
Total Funds	\$	\$
Total # of Accounts		

9. Please provide the following information for all professional staff that provide financial planning, investment management, and asset advisory services:

Name of Professional	Professional Certifications	Years of Related Experience	% of Time Spent on Financial Planning, Investment Management, and Asset Advisory Services

*Please provide additional listings on a separate sheet of paper.*

10. Are annual engagement letters outlining investment objectives and specific services to be performed used for all financial planning, investment management, and asset advisory services?  Yes  No
11. During the past five (5) years has the Applicant or any professional staff been the subject of any other federal, state, or local government proceeding regarding any of the services described above?  Yes  No

*If Yes, please describe any such proceeding and its ultimate disposition on a separate sheet of paper.*

12. What controls are in place to insure compliance with applicable federal and state statutes, rules and regulations in deliverance of financial planning, investment management and asset advisory services.

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13. Do you sell life/health/ accident/disability insurance?  Yes  No

*If Yes, please explain on a separate sheet of paper.*