



Personal Financial Planning and Investment Advice Supplemental Application

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY. THIS APPLICATION IS NOT A BINDER.

This Application for Accountants Professional Liability Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this Application will enable the Underwriter to decide whether or not to authorize the binding of insurance. Please type or print clearly and answer all questions. If space is insufficient to answer any question fully, attach a separate sheet. Complete all required supplemental forms/applications.

1. GENERAL INFORMATION			
Name of applicant (Firm)			
2. PERSONAL FINANCIAL PLANNING/INVESTMENT ADVICE			
<p><i>Complete this if you are providing Personal Financial Planning/Investment Advice. Personal Financial Planning/Investment Advice is a service in which the Accountant provides the client with financial, economic or investment advice, including investment management services.</i></p>			
a. Which of the following services does the applicant provide?			
Services	Yes/No	Compensation	
Prepare Financial Plan or Asset Allocation Modeling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Referral Feed	<input type="checkbox"/> Fee <input type="checkbox"/> Other:
Recommend specific investment products (individual stocks or mutual funds, bonds or other investments)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Referral Feed	<input type="checkbox"/> Fee <input type="checkbox"/> Other:
Discretionary Asset Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Referral Feed	<input type="checkbox"/> Fee <input type="checkbox"/> Other:
Non-Discretionary Asset Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Referral Feed	<input type="checkbox"/> Fee <input type="checkbox"/> Other:
Conduct Investment Transactions for Clients	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Referral Feed	<input type="checkbox"/> Fee <input type="checkbox"/> Other:
Assist in the Buying or Selling of Real Estate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Referral Feed	<input type="checkbox"/> Fee <input type="checkbox"/> Other:
Other Financial Planning, Portfolio Management or Investment Advice <i>(Please describe on a separate sheet).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Referral Feed	<input type="checkbox"/> Fee <input type="checkbox"/> Other:
b. Does the firm require a signed engagement letter or contract, updated annually, describing the client's personal financial planning and investment goals, and outlining both the services the firm will provide and the client's responsibilities?			<input type="checkbox"/> Yes <input type="checkbox"/> No
c. If the applicant recommends specific investment products, please complete the information below (total must equal 100%):			
% Revenue	Products		
%	Mutual Funds Variable Annuities Fixed Annuities Life/Health/Disability/Accident Insurance	<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	
%	Listed Stocks/Bonds Property/Casualty Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
%	Unlisted Stocks/Bonds Foreign Securities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Options and Futures Real Estate Investment Trusts Private Placements General and Limited Partnerships Viatical Settlement	<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 <input type="checkbox"/> Yes <input type="checkbox"/> No
%	Derivatives Hedge Funds Other: (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Total:	%	

d. If the applicant provides any discretionary asset management services, please complete the information below:

	Current/Projected Fiscal Year Revenue	Prior Fiscal Year Revenue
Discretionary Asset Management		
Types of Transactions Handled		
Number of clients		

e. Does the firm:

- (1) ensure that all client bank accounts are reconciled by someone other than firm employees who are authorized to deposit, move or withdraw funds from the client's account?
- (2) maintain an employee dishonesty insurance policy in connection with the discretionary authority services?
- (3) engage the services of an outside investment or money manager?

Yes No
 Yes No
 Yes No

f. Does the firm, or any member of the firm, act as a fiduciary or adviser to an ERISA plan or recommend investment or mutual funds to which the firm provides other accounting services or acts as an officer or director?

Yes No

g. Does any member of the firm purchase or sell securities, insurance products or other investment products on behalf of clients?

Yes No

(1) If Yes, provide the name of the entity under which members of the firm purchase or sell securities, insurance products or other investment products and provide professional liability policy information or attach a copy of the declarations page.

Carrier	Policy Period	Limits	Deductible	Premium	Retroactive Date
		\$	\$	\$	

(2) If No, does your firm have a contractual relationship with a securities broker or dealer for referrals?

Yes No

If Yes to g.(2), provide information below and attach a copy of the indemnification agreement clause from the agreement.

Name	Central Registration Depository Number	Professional Liability Insurance?	Limit	Deductible
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$

CERTIFICATION AND SIGNATURE

It is understood that this supplemental application shall become a part of the application for Accounts Professional Liability Insurance. **Must be signed by a Principal, Partner, Officer or Director of the company.**

Print or Type Applicant's Name	Title of Applicant
Signature of Applicant	Date Signed by Applicant