



Specified Professions Professional Liability Product

SUPPLEMENT TO THE SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY APPLICATION FOR FINANCIAL PLANNERS

1. Name of Applicant: _____
2. Is the Applicant a Registered Investment Advisor and have at least three years of experience? Yes No
3. Does the Applicant provide 100% of services for individuals (no services for entities)? Yes No
4. Are more than 10% of gross annual receipts derived from commissions? Yes No
5. Does the Applicant provide any service(s) for which they are not licensed or certified to perform? Yes No
6. Has the Applicant had their license revoked or cited by the Securities and Exchange Commission? Yes No
7. Does the Applicant have any client's assets under management? Yes No
If "Yes"
 - a.) Does the Applicant manage more than \$500,000 in client assets on average per client? Yes No
 - b.) Does the Applicant manage more than \$2 million in assets for any one client? Yes No
 - c.) Does the Applicant manage any client assets on a discretionary basis (no prior consent/approval needed)? Yes No
8. Are the Applicant's gross annual receipts in excess of \$150,000 (if applicant is an individual planner) or \$1 million (if applicant is a firm) Yes No
9. Does the Applicant maintain written documentation of all advice provided to clients? Yes No
10. Does the Applicant provide a written investment policy statement to each client? Yes No
11. Does the Applicant provide client engagement agreements to each client? Yes No
12. Does the Applicant provide services in any of the following areas? Yes No

Limited Partnerships	Divorce Planning
Third Party Pension Administration	Personal Management Services (bill payment)
13. Please advise if the Applicant is providing any alternative investment recommendations/referrals/asset management involving any of the following: Yes No

Junk Bonds	Private Placements	Unregistered Securities
Unlisted Stocks	Hedge Funds	Options Contracts
Commodity Futures	Other (explain) _____	

This application is a supplement to the Specified Professions Professional Liability Application submitted by the applicant. All representations, fraud statements, acknowledgments, understandings and agreements set forth in the Specified Professions Professional Liability Application are incorporated by reference as though fully set forth herein

Applicant's Signature _____ Title _____ Date _____
(Principal, Partner or Officer)

Print Name _____