

**ACCOUNTANTS & CONSULTANTS PROFESSIONAL LIABILITY INSURANCE
APPLICATION - Personal Financial Planning Services Supplement**

1. Have **you** formed a separate business entity to provide Financial Planning Services: YES NO

If "YES", Please describe: _____

2. Do **you** secure separate errors & omissions coverage with your broker/dealer? YES NO

3. Do you desire coverage for these services? YES NO

4. Sources of income from Financial Planning and Investment Advisory Services:

Last year:

Current year:

Fee based assets management including wrap-up fees: \$ _____ \$ _____

Commissions and/or contingency fees: \$ _____ \$ _____

Hourly fees and/or retainers: \$ _____ \$ _____

Other compensation, referral fees or reciprocity*: \$ _____ \$ _____

* Please describe: _____

5. Activity analysis:

Referrals to Third Party investment advisors including broker/dealers: YES NO

Preparation of written financial plans: YES NO

Recommendation of individual mutual funds: YES NO

Recommendation of individual stocks, bonds or other investments: YES NO

Provide portfolio management services: YES NO

Non-discretionary asset management: YES NO

Discretionary asset management: YES NO

Discretionary asset Management (ERISA): YES NO

Place insurance coverage or annuities: YES NO

Discretionary Authority to invest client funds (if "Yes", please describe): YES NO

Other financial planning or investment advice (describe): YES NO

6. Broker/Dealer activities

Are **you** a registered representative/account executive for a broker/dealer? YES NO

Name of firm member: _____

Name of Broker/dealer _____

7. Are **you** registered as an investment advisor? YES NO

Please specify: _____

8. Do **you** have any professional qualifications specific to financial planning? YES NO

Name of firm member: _____

Qualification: _____

9. Provide the value of total funds under asset/portfolio management: \$ _____ and # clients: _____

Provide the value of total funds with discretionary authority \$ _____ and # clients: _____

10. Do **you** invest client funds in limited partnerships or other investments in which **you** have a financial or other interest? YES NO

11. Do **you** require a signed engagement letter or contract updated annually describing the client's investment goals and the services **you** will perform? YES NO

If "NO", please explain: _____

Signature of Applicant: _____ **Date:** _____