



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

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

1. 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 five (5) years: _____%. In addition, please indicate the percentage of these revenues that were commission-based: _____%.

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

3. Please provide a narrative description of the services provided: _____

_____.

4. Are any specific securities recommended by the Applicant? Yes No

5. 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.

6. Are engagement letters used for all financial planning, investment management, and asset advisory services? Yes No
7. During the past five (5) years has the Applicant 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.