



**Investment Advisor
Professional and Management Liability Application**

Applicant Information

Applicant Name:			
Mailing Address:			
City, State, ZIP:			
Primary Contact Name:			
Date Business Established:		Website Address:	
Telephone #:		Fax #:	
Type of Entity: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Other:			
# of Domestic Locations:		# of Foreign Locations:	

Lines of Coverage Requested

- Errors & Omissions Liability
 Directors & Officers Liability
 Fiduciary Liability
 Employment Practices Liability
 Cyber Liability

Current Coverage Information

Please provide the following information about your current insurance coverage:

Type of Coverage	Insurer	Limits	Deductible	Expiration	Retro Date
Errors & Omissions Liability		\$	\$		
Directors & Officers Liability		\$	\$		
Fiduciary Liability		\$	\$		
Employment Practices Liability		\$	\$		
Cyber Liability		\$	\$		

Errors & Omissions Liability Information

1. The following items must be included with your completed and signed application:
 - Your investment philosophy (if changed in the last 12 months). Check here if no changes in philosophy or strategy have occurred.
 - Form ADV Part 1 and Form ADV Part 2A: Firm Brochure
 - All supplements, especially Form ADV Part 2B: Brochure Supplement for each IAR
 - Sample customer contract(s) for each professional service rendered
 - A copy or description of your firm's trade error policy and procedures
 - Current balance sheet and income statement (unaudited is acceptable)

2. List any subsidiary, predecessor, acquired or merged firms for which coverage is requested:

Name of Firm	Date of Formation or Transaction	# of Professional Staff That Joined You	% of Firm Annual Billings Assigned to You

3. List all investment advisers who are employed (W-2) and Independent Contractors (1099) that work solely on behalf of the Named Applicant. Accounting firms should list only those that provide financial planning/investment advisory services. Independent Contractors (1099) that provide services independent of the named applicant are not covered under policy and require separate applications or, if requested, may be added as additional insureds. Attach a separate list if necessary.

Name of Employed Investment Advisers	Years in practice	Professional Designations	NASD Series Licenses	NASD CRD Number	FI360	CFDD	Other Associations

4. Are any of your investment advisers also registered representatives for a Broker-Dealer? Yes No

If "yes," please provide the name of the Broker-Dealer and attach evidence or certificate of separate insurance coverage and list their names below:

5. List the names of any independent contractors (non-employees) giving investment advice on your behalf:

If any of the following questions are answered "yes," please provide additional details on a separate sheet.

6. Has any insurer declined, cancelled or non-renewed any errors and omissions liability insurance or any similar insurance on behalf of any applicant for this insurance? Yes No

7. Has any error or omissions liability claim, complaint or proceeding been made against you or any other applicant or predecessor organization proposed for this insurance? Yes No

8. Is any advisory customer an investment company (registered or unregistered), REIT, limited partnership, collective investment trust or any other pooled investment vehicle? Yes No

a. If "no," do you agree to notify us within 30 days if you start to render advisory services to such a customer? ... Yes No

9. Do you act as an adviser or consultant for any Taft-Hartley, union or governmental employee benefit plans? Yes No

10. During the last 3 years, have you or any affiliate considered or been involved in any attempted or completed merger, acquisition, divestiture or significant change in principals? Yes No
11. What percentage of your revenue is derived from professional entertainers, celebrities, athletes and musicians? ____%
12. Do you provide personal management services such as sports management, bill paying, or other concierge services to any customer?..... Yes No
13. Do you direct trades in clients' custodial accounts? Yes No

If "yes," please complete the following:

Do you use a written Investment Policy Statement for other than ERISA accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Limited Power of Attorney to direct trades in the client's account? If Yes: please answer:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> You use full discretion to trade without prior consent of the client.	
<input type="checkbox"/> You use discretion to trade within an Investment Policy Statement or written parameters.	
<input type="checkbox"/> You decline to exercise discretion and obtain prior consent for each and every trade.	
Excluding advisory fees and authorized disbursement to an account with the same registration or the client, do you have power to withdraw/disburse funds in the account?	<input type="checkbox"/> Yes <input type="checkbox"/> No

14. Before a trade is executed, are there procedures in place to ensure the trade does not violate the investment agreement and that the correct trade amount is being executed?..... Yes No
- a. Are there mechanisms or policies in place to quickly identify if a trading error has occurred?..... Yes No
- b. Have you ever had a trading error in excess of \$5,000? Yes No
15. Do you provide ERISA 3(38) Investment Manager or ERISA 3(21) Limited Scope fiduciary services to your customers? Yes No

16. Please indicate which custodians or trade associations affiliations:

- | | |
|--|--|
| <input type="checkbox"/> BAM | <input type="checkbox"/> Raymond James Advisory |
| <input type="checkbox"/> Fi360 | <input type="checkbox"/> Scottrade |
| <input type="checkbox"/> Fidelity | <input type="checkbox"/> Schwab |
| <input type="checkbox"/> Folio Institutional | <input type="checkbox"/> Shareholders Services Group |
| <input type="checkbox"/> FPA | <input type="checkbox"/> TD Ameritrade |
| <input type="checkbox"/> Garrett Network | <input type="checkbox"/> Trust Company of America |
| <input type="checkbox"/> NAPFA | <input type="checkbox"/> XYPN |
| <input type="checkbox"/> National Advisors Trust | <input type="checkbox"/> Other: |

17. Do you:

- a. Act as both trustee and advisor to any client?..... Yes No
- b. Advise clients to invest in any enterprise in which you have an ownership interest? Yes No
- c. Advise clients to invest in any enterprise in which another client has an ownership interest?..... Yes No
- d. Act as an advisor to an organization in which you have an ownership interest? Yes No

18. Are you or any of your partners, directors, officers, employees or associated professionals a CPA?..... Yes No

a. If “yes,” do such persons perform attest work or consulting services for any accounting client who is also an advisory client? Yes No

19. Excluding advisory fees and authorized disbursements to an account with the same registration of the customer, do you have power to withdraw or disburse funds in the account? Yes No

20. Please provide the percentage of total assets you advise in each of the following categories (must total 100%):

%	Classes And Types Of Assets Managed And Assets Advised	%	Classes And Types Of Assets Managed And Assets Advised
	Mutual Funds (all investment styles)	_____	Foreign Securities <i>(Traded 100% outside the U.S.)</i>
	Cash	_____	Certificates of Deposit
	Closed-End Investment Companies	_____	Unit Investment Trusts (UIT)
	Variable Annuities	_____	Unlisted Stocks
	Investment Grade Bonds	_____	Unregistered Securities
	Listed Stocks	_____	Index Linked Securities
	Exchange Traded Funds (ETF) (excluding leveraged and inverse)	_____	Junk Bonds / Below Investment Grade
	Leveraged Exchange Traded Funds	_____	Promissory Notes / Leases / Receivables
	Inverse Exchange Traded Funds	_____	Hedge Funds
	Municipal Securities	_____	Fund of Hedge Funds
	Options	_____	Guaranteed Investment Contracts (GIC)
	REITs Publicly Traded	_____	Collective Investment Trusts / Fund (CIT / CIF)
	REITs / REIFs Privately Traded	_____	Tangibles (gold, silver, collectibles, coins, etc.)
	Limited Partnership/General Partnerships or similar	_____	Asset-Backed Securities, Mortgage-Backed Securities, CMO, CDOs.
	Pooled Investment Vehicles	_____	Church Bonds
	Exchange Traded Notes (ETN)	_____	Other Derivatives or Structured Products
	Other: _____	_____	

21. Please provide approximate percentages of professional services you provide (must total 100%):

%	Nature Of Practice	%	Nature Of Practice
_____	Modular / Comprehensive Financial Planning / Preparation / Advising	_____	Investment Management or Pension / Benefit Consulting
_____	Divorce Financial Consulting	_____	Hourly Advice
_____	Discretionary Asset Management (LPOA)	_____	Wrap Accounts
_____	Non-Discretionary Asset Management (LPOA with Prior Consent)	_____	Tax Preparation
_____	Asset Monitoring (No LPOA to Direct Trades)	_____	Seminars / Education
_____	Product Sales Based On Financial Plan	_____	Third Party Pension Administration
_____	Product Sales Not Based On Financial Plan	_____	Timing Services
_____	Publish Newsletters for Subscription or Fee	_____	Third Party Money Managers
_____	Other: _____	_____	

22. Please provide gross annual revenues from financial planning, advisory activities and commissions from the sale of securities and/or life and health insurance received by all covered individuals and entities:

Year	Annual Total Gross Revenues (100%)	% Fee Only Revenues	% Commission Revenues	# Of Financial Advisors
Last Year:	\$ _____	% _____	% _____	
Projected for Current Year:	\$ _____	% _____	% _____	
Projected for Next Year:	\$ _____	% _____	% _____	

23. Please provide the number of lost accounts in the last 12 months and the asset value of those accounts:

# of Lost Accounts	Asset Value

24. Please provide information on the value of regulatory Assets Under Management (AUM) or Assets Under Advisement (AUA):

AUM – Discretionary Accounts Value	Market Asset	Value Of Largest Account	# Of Customers
Discretionary AUM accounts	\$	\$	

AUM – Non-Discretionary Accounts Value	Market Asset	Value Of Largest Account	# Of Customers
Non-Discretionary AUM accounts	\$	\$	

AUA – Investment Consulting, Monitoring Or Referral	Market Asset Value	Value Of Largest Account	# Of Customers
Total Asset Monitoring (No LPOA to Direct Trades)	\$	\$	
Total Referral to Third Party Money Manager Accounts (no Direct Management)	\$	\$	

Totals for all AUM and AUA Accounts: \$ _____

25. Please indicate limits of insurance and deductible requested:

- Limits
- \$250,000 / \$500,000
 \$500,000 / \$1,000,000
 \$1,000,000 / \$1,000,000
 \$1,000,000 / \$2,000,000
 \$2,000,000 / \$2,000,000
 Other:

- Deductibles
- \$5,000
 \$10,000
 \$15,000
 \$20,000
 \$25,000
 \$50,000
 \$75,000
 \$100,000

Directors & Officers Liability Information

26. Please list the entities for which Directors & Officers Liability coverage is requested:

Business Name	Type of Operation	Owned By	% Ownership	Date Acquired	Total Assets	Total Revenue

27. Please provide details of stock ownership:

- a. Total number of shares outstanding: _____
- b. Total number of common stock shareholders: _____
- c. Total number of common shares owned by its Directors and Officers (direct and beneficial): _____
- d. List any shareholder(s) owning 5% or more of the common shares directly or beneficially of the applicant:

Name	Title	Ownership %

28. Has the applicant been involved in any actual or proposed merger, acquisition, consolidation, tender offer or divestment during the past 3 years? (If “yes,” provide details on a separate sheet) Yes No
29. Do you have a social media policy? Yes No
30. Do you have a current Pay-to-Play policy? Yes No
31. Do you have a Whistleblower policy in the firm’s compliance manual and is it circulated and well known among staff? Yes No
32. Have there been any claims, or are there any claims now pending, against any person proposed for insurance in their capacity as owner, director, officer, partner or trustee of an organization? (If “yes,” provide details on a separate sheet) Yes No
33. Has the organization or any of its owners, directors, officers, partners or trustees been involved in, charged with, or have any knowledge of any fact or circumstance involving any of the following which may give rise to a claim under the proposed insurance?
- (1) Antitrust, copyright or patent litigation? Yes No
 - (2) Civil action, criminal action or administrative proceeding arising from an alleged or actual violation of any federal or state securities law or regulation? Yes No
 - (3) Civil action, criminal action or administrative proceeding arising from an alleged or actual violation of any federal or state antitrust or fair trade law? Yes No
 - (4) Unfair competition? Yes No
 - (5) Raiding a competitor’s employees? Yes No
 - (6) Representative actions, class actions, or derivative suits? Yes No
 - (7) A lawsuit brought by any self-regulatory body or government agency? Yes No
 - (8) A fine or sanction levied by any self-regulatory body or government agency? Yes No

Fiduciary Liability Information

34. Please attach a copy of the following for each applicant:
- Copy of your most recently filed Form 5500 for each ERISA plan except health and welfare plans
 - Audited financial statements with investment portfolios for the five largest ERISA plans except health and welfare plans
 - Plan description and financial statements, if applicable, for any non-qualified plans
35. Do you delegate authority of the management and control of any plan’s assets to any outside consultant(s)? Yes No

If “yes,” please provide the following with respect to each plan:

Type of Consultant	Name and Address	Years Employed
Investment Advisor		

Actuary		
Legal Counsel		
CPA		
Administrator		
Other:		

36. Do you handle any investment decisions in-house? (If “yes,” please provide additional details)..... Yes No

37. Are plan benefits provided by insurance (e.g. annuity, medical policy, etc.)? Yes No

a. If “yes,” please state the name of the insurance company: _____

38. Please complete the following table and attach a schedule if necessary.

Plan Name	Type of Plan*	Plan Assets Current Year	Plan Assets Prior Year	Total Current Plan Participants

* Type of Plan: Health & Welfare Plan = HWP; Defined Contribution Plan = DCP; Defined Benefit Plan = DBP; Employee Stock Ownership Plan = ESOP; Excess Benefit Plan or Top Hat Plan = EBP; Other – please explain:

39. Do you offer proprietary products as investment options in any of the above plans? Yes No

a. If “yes,” have you received any regulatory or governmental inquiries or subpoenas regarding their activities or services? (If “yes,” please attach details) Yes No

b. What is your due diligence regarding the offering of proprietary investment options? _____

c. How are you monitoring the administration of the fund, including evaluation of turnover rates and administrative costs? _____

d. Is senior management of the applicant functioning as a traditional fiduciary?..... Yes No

e. What is the compensation of the fund board? _____

f. Who sits on the plan investment committee? _____

g. Who sits on the plan administrative committee? _____

40. Have there been any mergers of plans in the past 3 years? (If “yes,” please attach details)..... Yes No

41. Has any plan or portion of any plan been sold, transferred or terminated in the past 3 years?..... Yes No
(If “yes,” attach details, including the date of sale or termination, whether assets have been fully distributed or reverted to a party other than the plan participants and name of annuity provider if benefits have been secured by annuities.)

42. Is any plan a cash balance plan, or is any conversion to a cash balance plan being considered? Yes No
(If “yes,” attach details, including copies of any descriptive literature distributed to plan participants, and descriptions of any grandfather provisions.)

43. Do the plans conform to the standards of eligibility, participation, vesting, funding and other provisions of ERISA?
 Yes No (If “no,” please explain: _____)
44. Have the plans been reviewed to assure that there are no violations of prohibited transactions and party-in-interest rules?
 _____ Yes No
 (If “no,” please explain: _____)
45. Has any plan filed for an exemption from a prohibited transaction? Yes No
 (If “yes,” attach filing and Department of Labor response.)
46. Has an actuary certified that the plans are adequately funded? Yes No
 (If “no,” please explain: _____)
47. Are there any outstanding delinquent contributions? (If “yes,” please attach details) Yes No
48. Have any plans experienced any event reportable to the PBGC? (If “yes,” please attach details) Yes No
49. Within the last 3 years has any plan loaned money to, or invested in, the securities of the applicant or its affiliates?
 Yes No (If “yes,” please attach details including percentage of holdings.)
50. Do the plans have written policy statements? Yes No
 (If “no,” please explain. If “yes,” please attach a copy.)

Employment Practices Liability Information

51. Number of employees: Full Time: _____ Part Time: _____
52. Has employee turnover exceeded 25% in any of the last 3 years? (If “yes,” please provide details on a separate sheet.)
 Yes No
53. Do you have formal written policies or an employee handbook to address the following?
 a. Anti-discrimination Yes No
 b. Anti-sexual harassment Yes No
 c. Employment at will Yes No
 If “yes” to any question in 54.(a) – 54.(c) above, please answer the following:
 i. When were the formal written policies that address the above last updated and distributed to your staff? _____
 ii. Are all employees required to acknowledge receipt and that they have read the above policies?
 Yes No
 iii. Are all formal written policies reviewed by an employment law attorney? Yes No
54. Do you conduct employee training on subjects of discrimination and workplace harassment? Yes No
55. Percentage of current employees with annual total compensation (salary + bonuses) greater than \$100,000: _____%
56. Is any reduction of employees or change of status anticipated or being contemplated in the next 18 months or has any such reduction or change occurred in the past 18 months? Yes No

If “yes,” please answer the following:

- a. How many employees will be affected: _____
- b. Will outside counsel be utilized? Yes No
- c. Will severance be offered to all affected employees? Yes No
- d. Are procedures in place to assist affected employees in finding work? Yes No

Cyber Liability Information

- 57. Please estimate the number of individuals for whom you are responsible for protecting personally identifiable information including but not limited to HR information on employees: _____
- 58. Does your firm have an employee security awareness program? Yes No
- 59. Does your firm have a CISO or functional equivalent? Yes No
- 60. Does your firm have policies and procedures governing limitations/restrictions on access to all sensitive information (including but not limited to: HR data, credit card numbers, personally-identifiable information, and/or personal health information?) Yes No
- 61. Does your firm comply with the rules and regulations governing privacy within your industry? Yes No

- 62. Who monitors your networks for intrusions or other unusual activity?
 Staff / internal IT Third party Both Nobody
- 63. Does your firm maintain an incident response plan that is tested annually? Yes No
- 64. How does your firm validate its regulatory compliance?
 Internal audit External assessment Not applicable
- 65. How recently did your firm use an external auditor as part of its regulatory compliance effort?
 Last 6 months Last 18 months Last 36 months Never
- 66. When did your firm last have a network security assessment conducted by a third party?
 Last 6 months Last 18 months Last 36 months Never
- 67. When did your firm last perform penetration testing?
 Last 6 months Last 18 months Last 36 months Never
- 68. Does your firm verify all requests (customers, vendors, and employees) to establish or change funds transfer procedures by calling back the counterparty at a predetermined phone number? Yes No
- 69. Is your firm in compliance with 23 NYCRR Part 500 Cybersecurity Requirements?.... Yes No Not applicable

Warranty Statements (To Be Completed By All Applicants)

70. Is any applicant aware of any fact, error, omission, circumstance or situation that may provide grounds for any claim under the proposed insurance? Yes No
71. Have you or any of your directors, officers, employees, predecessors, subsidiaries, affiliates or any other applicant been involved in or have knowledge of any pending or completed governmental, regulatory, investigative or administrative proceedings? Yes No

Fraud Notice

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in a Proposal Form for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was reported by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or a Proposal Form containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files a Proposal Form for insurance containing any materially false information or conceals, for

the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO NEW MEXICO APPLICANTS: Any person who includes any false or misleading information on a Proposal Form for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on a Proposal Form for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who, knowingly and with intent to defraud any insurance company or other person, files a Proposal Form for insurance containing any materially false information, or conceals for the purpose of misleading and fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000.00) and the stated value for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits a Proposal Form or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud any company or other person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a fraudulent act, which may subject such person to prosecution for fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Signature of Applicant: _____

Print Name: _____

Title: _____ **Date:** _____