

FINANCIAL INSURANCE PREMIUM INDICATION FORM

Name of Firm: _____

Name of Contact: _____ Email: _____

Mailing Address: _____

Phone Number: _____ Website: _____

Number of Advisors: _____ Total Number of Employees (Including Advisors): _____

Please list any professional designations (required for discounts): _____

Custodians Used (Check All That Apply)
<input type="checkbox"/> Schwab <input type="checkbox"/> Fidelity <input type="checkbox"/> Pershing <input type="checkbox"/> Other (List): _____

Assets Under Management	
Discretionary	\$
Non-Discretionary	\$

Revenue (Dollars)	% Fee only Revenue	% Commission Revenues
\$		

Professional Services by Percentage (must equal 100%)		Asset Type by Percentage (must equal 100%)	
Professional Services	%	Asset Type	%
Discretionary Asset Management		Mutual Funds	
Non-Discretionary Asset Management		Cash	
Financial Planning or Insurance sales		Investment Grade Bonds	
Tax Preparation or Other Accounting		Listed Stocks	
Referral to Third Party Managers		Exchange Traded Funds	
Assets Under Advisement		LP's/GP's, Hedge Funds, Options	
Other (Describe)		Other (Describe)	

SEC or regulatory exam within the past 24 months? ☐ Yes ☐ No (If yes, provide details on a separate page)

Been the subject of a claim in the past 5 years? ☐ Yes ☐ No (If yes, provide details on a separate page)

Please provide a copy of your current in-force policy if available.

Current Insurance Information			
Effective Date		Retro Date	
Insurance Company		Limits	
Deductible		Premium	