



Firm \_\_\_\_\_

**Professional License Supplement** **S-9**

Please complete one supplement for each individual.

1. Name of individual: \_\_\_\_\_

2. License(s) held:

| License   | Active                   | Inactive                 | Disciplinary Action Taken During the Past 5 Years?       | Separate Professional Liability Insurance                | Policy Limit (if applicable) |
|---|--------------------------|--------------------------|--|--|------------------------------|
| Attorney  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| Securities License(s)<br>(specify type or series number)<br>_____<br>_____<br>_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| Registered Investment Advisor   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| Real Estate   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| Life Insurance  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| Insurance (other than life)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| Other (specify): _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |

3. Describe the services provided: \_\_\_\_\_

4. Provide details for any disciplinary action noted above:

5. For any Life Insurance Services:

a. Are services provided to the Firm's accounting clients?  Yes  No

If "Yes", describe services: \_\_\_\_\_

b. Percentage of services provided to Non-CPA clients? \_\_\_\_%

c. Provide the name and current Best rating for any insurance companies with which you have placed coverage:

d. What is the face value of the largest policy you have placed? \_\_\_\_\_

6. Provide CRD Number (Securities License Number): \_\_\_\_\_

I recognize that information submitted on this supplement becomes a part of my application for coverage and is therefore subject to all of the representations and conditions of that application.

Signature \_\_\_\_\_ Date \_\_\_\_\_