



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) (specify type or series number) _____ _____ _____	<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 \_\_\_\_\_