

Accountants Professional Liability Insurance Application

Firm _____

Investment/Financial Planning Supplement

S-5

Investment/financial planning is a service in which the CPA assists the client with an investment portfolio.

1. Services include:

Services	Yes or No	Remuneration	
Preparing Financial Plan Or Asset allocation modeling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Referral Fee	<input type="checkbox"/> Fee <input type="checkbox"/> Other
Discretionary Asset Management Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Referral Fee	<input type="checkbox"/> Fee <input type="checkbox"/> Other
Non-Discretionary Asset Management Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Referral Fee	<input type="checkbox"/> Fee <input type="checkbox"/> Other
Securities Sales	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Referral Fee	<input type="checkbox"/> Fee <input type="checkbox"/> Other
Buying/Selling of Real Estate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Referral Fee	<input type="checkbox"/> Fee <input type="checkbox"/> Other
Make Investment Transactions on Behalf of Non-Accounting Clients	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Referral Fee	<input type="checkbox"/> Fee <input type="checkbox"/> Other

2. Products recommended or sold:

Indicate which products personnel recommend and/or sell AND estimate the percentage of revenue earned from recommending and/or selling these products:

Category	% of Revenue By Category	Products		
Category 1	____%	Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Variable Annuities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Fixed Annuities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Life/Health/Disability/Accident Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Category 2	____%	Listed Stocks/Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Property/Casualty Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Category 3	____%	Unlisted Stocks/Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Foreign Securities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Options and Futures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Real Estate Investment Trusts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Private Placements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		General and Limited Partnerships	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Viatical Agreements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Category 4	____%	Derivatives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Hedge Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Other: (Describe) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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3. Does your Firm have a contractual relationship with a securities broker or dealer? ☐ Yes ☐ No

If "Yes", provide information below and attach a copy of the indemnification clause from the agreement.

Name	CRD Number	Separate Professional Liability Insurance?	Limits and Deductible
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Provide resumes of each individual providing services as an investment advisor.

5. For any asset management services please complete the information below:

	Current Year	Last Year
Non-Discretionary Asset Management - Total Funds	\$	\$
Number of Clients		
Discretionary Asset Management - Total Funds	\$	\$
Number of Clients		

6. Are investment management agreements used for these services? ☐ Yes ☐ No

If "Yes", please provide a sample copy.

If "No", what defines the Firm's and the client's responsibilities? _____

7. Are the services provided under the name of a separate or affiliate entity? ☐ Yes ☐ No

If "Yes", please provide the name of the entity and complete the **Separate Entity Supplement (S-2.2)**.

8. Does the Firm, act as a fiduciary or adviser to an ERISA plan, recommend investment or mutual funds to which the firm provides other accounting services or acts as an officer or director? ☐ Yes ☐ No

9. Describe the controls and procedures that the Firm has in place to insure compliance with all applicable federal and state statutes, rules and regulations for the providing of financial planning, investment management and asset advisory services.

10. Provide the current Form ADV, Parts II (as filed with the SEC) for each investment adviser in the Firm.

IARD / CRD Number: _____ Date Approved: _____

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.

Completion of this supplement does not guarantee that coverage will be automatically granted. Any coverage will be subject to underwriting review.

WARNING – Residents of Maryland

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

Signature _____ Date _____