



Financial Planners Professional Liability

FINANCIAL PLANNERS ADDENDUM TO APPLICATION

Name of applicant: _____ Date: _____

1. Investment Income

List the total gross receipts for the past twelve months derived from the sales of the following products and/or activities:

Fixed annuities	\$	_____
Variable annuities	\$	_____
Mutual funds	\$	_____
Stocks	\$	_____
Bonds	\$	_____
Commodities	\$	_____
Financial plans for a fee	\$	_____
TOTAL	\$	_____

2. Do you have discretionary control of any client's assets? Yes No

If "Yes," indicate the number of clients and the value of assets controlled: _____

3. Are you involved in the sale of structured settlement annuities? Yes No

4. Do you have any involvement in the development or solicitation of general or limited partnerships? Yes No

If "Yes," provide full details: _____

THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS PART OF THE PROFESSIONAL LIABILITY APPLICATION FOR CLAIMS-MADE INSURANCE. THIS SUPPLEMENT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE IN THE GENERAL APPLICATION.

Signature: _____

Date: _____

(Principal, Partner, or Officer of the firm)