Administered by: NSM Insurance Group	**SUPPLEMENTAL APPLICATION J: Financial Planning/Investment Advice Supplement**	CPA Cover A division of NSM Insurance Group 400 Kelby Street, 11th Floor Fort Lee, NJ 07024 P. 201-944-7000 F. 201-944-0058 www.CPAcover.com

INSTRUCTIONS FOR COMPLETING APPLICATION:

1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
2. If a question is not applicable, state "N/A". If more space is required to answer a question, please attach exhibit with the question number.
3. Application must be signed and dated by authorized person.

APPLICANT: ____________________

1. Indicate THE AMOUNT OF gross revenues earned by the Applicant, firm affiliates and their personnel from financial planning, asset management, investment advisory services and product sales

   a) Last fiscal year $_____ b) Estimate for current fiscal year $_____

2. From the amount listed in 1a above, provide the **percentage** of revenue from the following areas of practice. Total of all items must equal 100%

Referral Fees from 3rd Parties	%	Non-Discretionary Asset Management	%
General Financial Planning/Tax Planning, including the preparation of financial plans for a fee (Describe below)	%	Discretionary Asset Management	%
		Other services (Describe below)	%

Description of Other services: _____

Describe General Financial Planning etc: _____

<u>If 100% of the Revenue comes from General Financial Planning services</u>
<u>NO NEED to complete the remainder of this supplement.</u>

3. Please provide the name and credentials of any owner, officer, employee producer or subagent of the applicant, who in the last five years has been registered or qualified with the SEC, NASD or a state securities agency as an investment adviser or supervised person of an investment adviser or registered representative of a securities broker-dealer

Name of Applicant	Professional Designations (e.g. RIA,CFP, CFA)	Agency of registration

4. Year investment advisory operations commenced: _____

5a. Total Asset value of all accounts managed:

Current Year $_____ Previous Year $_____

b. Number of accounts lost during last 12 months and corresponding asset value:$_____ Accounts $_____

c. Reasons for lost accounts: $_____

d. Percentage of accounts for which the applicant acts as custodian: _____%

e. Percentage of accounts for which the applicant acts as a financial planner or consultant: _____%

f. Maximum size of account currently acceptable as a new account: $_____

6. Portfolio distribution for accounts for which the applicant acts as Investment Advisor, Organizer or Manager:

Information on Discretionary Accounts	Asset value of Largest Account	Type of Remuneration (Commission, Mgmt Fee, Referral Fee, other)	Total Asset Value of All Accounts	Total Number of Accounts
ERISA Fiduciary Plans	$		$	
NON ERISA Pension & Employee Benefit Plans	$		$	
REITS	$		$	
Mutual Funds	$		$	
All other accounts including all Investment ventures	$		$	
Total	$		$	
Information on Non-Discretionary Accounts	Asset value of Largest Account	Type of Remuneration (Commission, Mgmt Fee, Referral Fee, other)	Total Asset Value of All Accounts	Total Number of Accounts
ERISA Fiduciary Plans	$		$	
Non ERISA Pension and Employee Benefit Plans	$		$	
All other accounts including all Investment ventures	$		$	
Total	$		$	

7. Highest single management fee in the applicant's current portfolio as a percentage of assets under management:

Current year _____% Previous year _____%

8. Does the Applicant disclose all 12b1, fees to affected clients? ☐ Yes ☐ No

9. Within the last 5 years have you invested client funds or recommended investments to any client (such recommendation being acted upon) in specific offerings in the following product areas?

Non-Registered Securities	☐ Yes ☐ No	Foreign Securities	☐ Yes ☐ No
Hedge Funds	☐ Yes ☐ No	Tax Shelters	☐ Yes ☐ No
Derivatives	☐ Yes ☐ No	Annuities	☐ Yes ☐ No
Commodity Futures	☐ Yes ☐ No	Private Placements	☐ Yes ☐ No
Options	☐ Yes ☐ No	Limited Partnerships	☐ Yes ☐ No

9. Are all clients required to select their own brokers for executions? ☐ Yes ☐ No

If additional space is needed, please provide details on a separate attachment.

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application insurance containing any false information, or conceals for the purpose of misleading, information concerning any fa material thereto, commits a fraudulent insurance act.

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Date (month-day-year)