

WEALTH ADVISERS PROFESSIONAL LIABILITY INSURANCE APPLICATION

CLAIMS MADE AND REPORTED COVERAGE – PLEASE READ ALL POLICY PROVISIONS

NOTICE: EXCEPT AS MAY BE OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR COVERED ACTS COMMITTED SUBSEQUENT TO THE RETROACTIVE DATE, IF APPLICABLE, FOR WHICH CLAIMS ARE FIRST MADE AGAINST YOU WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO US NO LATER THAN SIXTY (60) DAYS AFTER THE TERMINATION OF THIS POLICY. THE COVERAGE OF THIS POLICY DOES NOT APPLY TO CLAIMS FIRST MADE AGAINST YOU AFTER THE TERMINATION OF THIS POLICY UNLESS, AND IN SUCH EVENT ONLY TO THE EXTENT, AN EXTENDED REPORTING PERIOD OPTION APPLIES.

Please fully answer all questions in ink. Complete all sections, including the appropriate supplements. If space is inadequate to answer all questions in full, please provide details on a supplemental sheet.

Throughout this application, the words “you” and “your” refer to the applicant herein and any subsidiary, partner, officer, director, member, covered independent contractor or employee of the applicant. The words “we”, “us”, and “our” refer to the insurance company to which this application is made.

PLEASE ENSURE THAT THE APPROPRIATE SUPPLEMENTS ARE COMPLETED AND ATTACHED.

1. Name of Applicant: _____
 (attach a copy of the applicant entity’s current letterhead)
- a. Contact: _____ Email: _____
- b. Mailing Address: _____
- c. Telephone: _____ URL: http://_____
- d. Individual Corporation Partnership LLC/LLP Other _____
- e. Parent Organization (None): _____

2. List any subsidiary, predecessor, acquired, or merged firms for which coverage is requested:

a.

Name of Firm	Date of Formation or Transaction	# of Professional Staff that Joined Applicant	% of Firm Annual Billings Assigned to Applicant

3. During the past three years, have **you** or any affiliate been involved in, or are presently considering or contemplating any merger, acquisition, divestiture, or significant change in principal(s)?

a. YES NO

i. If “YES”, provide details on a separate sheet

4. List all individuals who work solely on behalf of the named applicant as employed investment advisers (W-2) or independent contractors (1099). Accounting firms should list only those individuals that provide financial planning/investment advisory services. Independent contractors that provide services independent of the named applicant are not covered under the policy for those services and require separate applications, or if requested, may be added as additional insureds.

a.

Name of Investment Adviser	Years in Practice	Professional Designations	FINRA Series Licenses	FINRA CRD Number	FI360	CFDD	Other Associations

5. List any independent contractors providing investment advice on **your** behalf: (None)

a. _____

b. Do **you** want coverage for the independent contractors listed above? Yes No

6. Are any of **your** investment advisers also registered representatives for a Broker-Dealer?

a. Yes No

i. If "YES", please provide the name of the Broker-Dealer and attach evidence or certificate of separate insurance coverage.

1. _____

7. Do **you** associate with or do **you** consult with any Broker-Dealer, Investment Adviser, or Investment Manager that does not use an independent third-party as a custodian for investment funds?

a. Yes No

i. If "YES", please provide details:

8. **Your** total gross annual revenues derived from financial planning, advisory activities, commissions, and/or product sales. Do not include professional accounting services revenue unless **you** require coverage for tax preparation work:

Year	Annual Total Gross Revenue	% Fee Only Revenue	% Commission Revenue	No. of Financial Advisers
Last (20__)				
Current (20__)				
Next (Proj.) (20__)				

9. Please list the percentages of income received from the following activities for the last fiscal year:

<u>Activity</u>	<u>%</u>	<u>Engagement Letter Used [Y/N]</u>
Accounting Services Other Than Tax Preparation		
Asset Monitoring (No LPOA* to Direct Trades)		
Discretionary Asset Management – ERISA (LPOA*)		
Discretionary Asset Management – Individual (LPOA*)		
Divorce Financial Consulting		
Hourly Advice		
Investment Management Consulting (No LPOA*)		
Modular/Comprehensive Financial Plan Preparation/Advice		
Non-Discretionary Asset Management (LPOA* with Prior Consent)		
Product Sales Based on Financial Plan		
Product Sales Not Based on Financial Plan		
Referral to Third-Party Managers		
Tax Preparation		
Third-Party Pension Administration (Not Claims)		
Timing Services		
Wrap Accounts		
Other [1]		
TOTAL	100	

*LPOA means Limited Power of Attorney

- [1] Please describe: _____
- [1] Please describe: _____

10. Do **you** provide advice on, recommend, or use alternative investments? Yes No
- a. If “YES”, provide the percentage of **your** total practice advice and/or portfolio use that the following alternative investments represent to the total advice and/or assets managed. Do not include investments that are used within a mutual fund.

<u>Type of Investment</u>	<u>%</u>	<u>Engagement Letter Used [Y/N]</u>
Commodity Futures		
Derivative Instruments		
Foreign Securities (Excluding ADRs)		
General or Limited Partnerships		
Hedge Funds / Fund of Hedge Funds		
Investment-Related Real Estate		
Mortgages, Mortgage Pools, Mortgage-Backed Securities		
Options Contracts [2]		
Private Placements		
Promissory Notes		
REITS Privately Traded		
Tangibles (Gold, Silver, Coins, Collectibles, Etc.)		
Unrated Bonds		
Unregistered Securities		
Other [3]		

[2] Complete the **Options Supplement**

[3] Please describe: _____

[3] Please describe: _____

11. What percentage of **your** revenue is derived from professional and/or celebrity entertainers, musicians, and/or athletes? _____%
12. Do **you** provide personal management services (e.g. sports management, bill paying, etc.) to any professional and/or celebrity entertainers, musicians, and/or athletes? Yes No
13. Do **you** act an adviser or consultant for any Taft-Hartley, Union, or Government Employee benefit plan? Yes No
- a. If “YES”, attach a list of accounts and assets
14. Is any advisory client an investment company, mutual fund, limited partnership, private placement, or REIT? Yes No
- a. If “YES”, provide details:

- b. If “NO”, do **you** agree to notify **us** within 30-days if **you** begin providing advisory services to such client? Yes No
15. Do **you** receive commissions? Yes No
- a. If “YES”, provide a breakdown of total commission income by percent:

Type of Product	%	Engagement Letter Used (Y/N)
CMOs/Derivatives		
Foreign Securities (Excluding ADRs)		
General or Limited Partnerships		
Hedge Funds / Fund of Hedge Funds		
Investment Grade Bonds		
Junk Bonds		
Life/Health/Disability/Accident Sales/Long Term Care		
Listed Stocks		
Mutual Funds		
Options/Futures/Tangibles		
Private Placements		
Promissory Notes/Leases/Receivables		
REITs (Other Than REIT Mutual Funds)		
Subprime Mortgages or Subprime CMOs of CDOs		
Unlisted Stocks		
Unregistered Securities		
Variable Annuities		
Viatical Agreements/Senior Settlements/Life Settlements		
Other [4]		

[4] Please describe: _____

16. Do **you** use a compliance attorney or compliance consultant? Yes No
- a. If “YES”, provide name: _____
17. Do **you** maintain a system for identifying and avoiding conflicts of interest? Yes No
- a. Systems used to identify conflicts of interest
- i. _____
- b. If “NO” to Q.17., please describe why not and how conflicts are identified.
- i. _____

18. Do **you** (if “YES”, provide details on a separate sheet):
- a. Act as both a trustee and an adviser to any client?
 - i. Yes No
 - b. Act as an adviser to an organization in which **you** have an ownership interest?
 - i. Yes No
 - c. Advise clients to invest in any enterprise in which **you** have an ownership interest?
 - i. Yes No
 - d. Advise clients to invest in any enterprise in which another client has an ownership interest?
 - i. Yes No
19. Do **you** have an ownership interest in or act as a director, officer, employee, or in any other position of control for any organization in which clients are solicited to invest? Yes No
20. Is any person proposed for insurance in this application a director, officer, employee, or in any other position of control for any organization or enterprise, including all subsidiaries and affiliates, for an advisory client? Yes No
21. Are **you** or any of **your** partners, officers, directors, employees, or associated professionals a CPA?
 - a. Yes No
 - i. If “YES”, do any such persons perform attest work or consulting services for any accounting client who is also an advisory client? Yes No
22. Do **you** have an employee dishonesty insurance policy or bond that covers theft of client funds?
 - a. Yes No
 - i. If “YES”, provide a copy of the declarations page or certificate of insurance
23. Have **you** or any professional associated with **you** ever (if “YES” to any of the below, provide details, including documents evidencing the outcome):
- a. Had a professional license or registration denied, suspended, revoked, nonrenewed, or restricted?
 - i. Yes No
 - b. Been formally reprimanded by any court or administrative or regulatory agency?
 - i. Yes No
 - c. Had a complaint filed with any consumer agency, state securities department, insurance department, regulatory agency (including the NASD and SEC), or **your** Broker-Dealer?
 - i. Yes No

- d. Been audited by the NASD, SEC, state securities department, or other licensing or regulatory agency (if "YES", provide a copy of the audit letter and **your** response)?
- i. Yes No
- e. Been formally accused of violating any professional association's code of ethics?
- i. Yes No
- f. Had a trading error loss in excess of \$5,000 (if "YES", provide details including dates, amounts, and by whom the loss was paid)?
- i. Yes No
- g. Provided services for a 1031 Exchange?
- i. Yes No
- h. Been involved in or is aware of any fee disputes, including lawsuits?
- i. Yes No

24. Number of accounts lost in past 12 months: _____

a. Total assets under management for accounts lost in last 12 months: \$ _____

b. Reasons for loss of accounts: _____

25. Do **you** direct trades in clients' custodial accounts? Yes No

a. If "YES", do **you**:

i. Use a written Investment Policy Statement for accounts other than ERISA accounts?

1. Yes No

ii. Have Limited Power of Attorney to direct trades in a client's account?

1. Yes No

a. If, "YES", do **you**:

i. Have and use full discretion to trade without the client's prior consent? Yes No

ii. Have and use full discretion to trade within an Investment Policy Statement or written parameters? Yes No

iii. Decline to exercise discretion and obtain prior consent for each and every trade? Yes No

iii. Have power to withdraw/disburse funds in a client's account (excluding advisory fees and authorized disbursement to an account with the same registration or client)? Yes No

iv. Utilize the following Custodians:

- | | | | | | |
|--------------|------------------------------|-----------------------------|------------------|------------------------------|-----------------------------|
| 1. Assetmark | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 6. Schwab | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Fidelity | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 7. SSG | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. FISERV | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 8. TD Ameritrade | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. NATC | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 9. Other: | _____ | |
| 5. Pershing | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 10. Other: | _____ | |

26. Account Type Information:

Type of Account	% of Fees	Number of Accounts	Market Asset Value	Largest Account Value
Discretionary ERISA Pension / Employee Benefit Plans [5]				
Discretionary (All Other Accounts)				
Investment Management Consulting Accounts (No Direct Management)				
Non-Discretionary ERISA Pension / Employee Benefit Plans				
Non-Discretionary (All Other Accounts)				
Referral to Third-Party Money Manager Accounts (No Direct Management)				
TOTAL				

[5] Provide a copy of the **Investment Advisers ERISA Bond**

27. Is **you** Form ADV Part I as filed and dated on the SEC IARD a current and accurate disclosure of **you** as of the date of this application? Yes No
- a. If not SEC IARD filed, provide complete Form ADV Part I
28. Is **you** Form ADV Part II, including schedules, as filed and dated on the SEC IARD a current and accurate disclosure of **you** as of the date of this application? Yes No
- a. If not SEC IARD filed, provide complete Form ADV Part II
29. Do **you** agree to notify **us** of any change to facts presented in the Application between the date of application and the effective date of coverage? Yes No

30. List all additional professional liability insurance currently carried (i.e. accountants, group broker-dealers, life agents, tax preparers, etc.)

<u>Policy Period</u>		<u>Insurer</u>	<u>Policy Limits</u> Per Claim/Aggregate	<u>Deductible</u>	<u>Retroactive</u> <u>Date</u>	<u>Type of</u> <u>Insurance</u>
<u>From:</u>	<u>To:</u>					

31. Has any professional liability claim(s), complaint, or proceeding been made or brought against **you**, any person or entity proposed for this insurance, or any predecessor organization?

- a. Yes No
- i. If "YES", complete a **Claim Supplement** for each claim, incident, proceeding, or circumstance

32. Is (are) any person(s) or entity(ies) proposed for this insurance aware of any fact, error, omission, circumstance, or situation that might provide the basis for a claim under this proposed insurance policy?

- a. Yes No
- i. If "YES," complete a **Claim Supplement** for each claim, incident, proceeding, or circumstance

33. Have **you** and/or any of **your** directors, officers, employees, predecessors, subsidiaries, affiliates, and/or any other person or entity proposed for this insurance been involved in or have knowledge of any pending or completed governmental regulatory, investigative, or administrative proceeding?

- a. Yes No
- i. If "YES," complete a **Claim Supplement** for each claim, incident, proceeding, or circumstance

34. Has any insurer declined, cancelled, or non-renewed any Investment or Wealth Adviser Professional Liability Insurance or any similar insurance issued to any person(s) or entity(ies) proposed for this insurance?

- a. Yes No
- i. If "YES," provide details:

35. What is the retroactive/prior acts date of **your** current professional liability policy? _____

36. Effective date of coverage requested: _____

37. Limits of Liability requested (per claim and aggregate): _____
a. Separate limit for Defense Expenses: Yes No

38. Deductible requested (per claim and aggregate): _____
a. Deductible applicable to Damages only: Yes No

39. **Your** Law Firm Name: _____
a. Contact Information: _____

40. **Your** Accounting Firm Name: _____
a. Contact Information: _____

41. Attach the following additional documents:
- a. Form ADV Part II and Schedule 2.A. & 2.B.
 - i. **NOTE:** Part II must be a current and accurate disclosure of the Applicant
 - b. Sample client contract(s) for each type of professional service rendered
 - c. Copies of any regulatory audits performed in the past three years and **your** response(s).
Renewal policyholders do not need to include audits previously submitted
 - d. Balance Sheet and Income Statement (unaudited is acceptable)

NEW BUSINESS APPLICANTS ONLY: If **you** require prior acts coverage and have maintained continuous claims made professional liability coverage, attach a Certificate of Insurance for **your** current coverage and a coverage synopsis, or a copy of the current declarations page, policy, and endorsements.

REPRESENTATION: **You** represent and warrant that the information and statements contained in this application are true, complete, and accurate and **you** agree that this application and all supplements and attachments hereto shall become the basis of any coverage and a part of any policy that may be issued to **you** by **us** in reliance upon said information and statements.

NOTICE: **You** understand and accept that any policy issued by **us** will provide coverage on a **CLAIMS MADE AND REPORTED** basis. To avoid loss of coverage, it is imperative that all known claims, incidents, and/or circumstances that could give rise to a professional liability claim against **you** be reported to **your** current insurer within the time period specified in **your** current policy(ies). The undersigned hereby authorizes the release of claims information from any prior insurer to **us**.

NOTICE: The execution of this application does not bind **you** to purchase any coverage offered, nor does the receipt and/or review of this application bind **us** to offer any coverage or issue any policy.

APPLICANT FRAUD WARNINGS

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, and confinement in prison, or any combination thereof.

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

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

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

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: All Commercial Insurance, Except As Provided for Automobile Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Automobile Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: All Commercial Insurance, Except As Provided for Automobile Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. Automobile Insurance: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

NOTICE TO TENNESSEE APPLICANTS: All Commercial Insurance, Except as Provided for Workers' Compensation: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. Workers' Compensation: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO UTAH APPLICANTS: Workers' Compensation: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.



NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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

NOTICE TO ALL OTHER STATES: Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

You agree that signing this application will permit Worldwide Facilities, LLC, as managers for AdvisersGold™, or its agents, to send emails relating to **your** coverage to the party identified in Question 1. of this application and its designees.

You agree that signing this application does not bind **you** or **us** to complete the insurance.

Signature of Applicant: _____ Date: _____

Title: _____ Firm: _____