

WEALTH ADVISERS PROFESSIONAL LIABILITY Broker-Dealer Supplement

1. Name of Broker-Dealer: _____
- a. State of Domicile: _____ c. Date Operations Commenced _____
- b. Number of Branches: _____ d. # Offices of Supervisory Jurisdiction _____

2. Annual Revenues from Broker-Dealer Activities

Year	Annual Total Gross Revenues	% Commission Revenues	% Fee Only Revenues
Last Year	\$ _____	% _____	% _____
This Year	\$ _____	% _____	% _____
Next Year (proj.)	\$ _____	% _____	% _____

3. Number of Registered Representatives:

Year	Total Full-Time	Total Part-Time
Last Year	_____	_____
This Year	_____	_____
Next Year (proj.)	_____	_____

4. List all Principals, Partners, and Officers that work solely on behalf of the Broker-Dealer:

Name of Registered Representative	NASD Series Licenses	Professional Designations	Full-Time or Part-Time	Employee or Independent Contractor	Investment Advisor	New York State
					Y <input type="checkbox"/> / N <input type="checkbox"/>	Y <input type="checkbox"/> / N <input type="checkbox"/>
					Y <input type="checkbox"/> / N <input type="checkbox"/>	Y <input type="checkbox"/> / N <input type="checkbox"/>
					Y <input type="checkbox"/> / N <input type="checkbox"/>	Y <input type="checkbox"/> / N <input type="checkbox"/>
					Y <input type="checkbox"/> / N <input type="checkbox"/>	Y <input type="checkbox"/> / N <input type="checkbox"/>
					Y <input type="checkbox"/> / N <input type="checkbox"/>	Y <input type="checkbox"/> / N <input type="checkbox"/>
					Y <input type="checkbox"/> / N <input type="checkbox"/>	Y <input type="checkbox"/> / N <input type="checkbox"/>
					Y <input type="checkbox"/> / N <input type="checkbox"/>	Y <input type="checkbox"/> / N <input type="checkbox"/>

On a separate sheet, also provide the names of all Registered Representatives who are employed (W2) and all Independent Contractors (1099) that work solely on behalf of the Named Applicant. Independent Contractors (1099) that provide services independent of the Named Applicant will not be covered under the policy and require separate applications, or if requested, may be added as additional insureds.

5. Has the Broker-Dealer or any associated professional ever (if “YES”, provide details on a separate sheet and include a Form U-4):
- a. Had a professional license or registration denied, suspended, revoked, non-renewed, or restricted for any member of the Broker-Dealer?
 - i. Yes No
 - b. Been formally reprimanded by any court or any administrative or regulatory agency?
 - i. Yes No
 - c. Had a complaint filed against it with any consumer agency, state securities department, insurance department, the SEC, the NASD, or any other regulatory agency?
 - i. Yes No
 - d. Been formally accused of violating any professional association’s code of ethics?
 - i. Yes No
 - e. Been convicted of a felony?
 - i. Yes No
 - f. Been involved in or is aware of any fee disputes or suits for fees?
 - i. Yes No
 - g. Had a trading error loss in excess of \$5,000?
 - i. Yes No
 - 1. If “YES”, provide details on a separate sheet, including dates, amounts, and by whom the loss was paid
 - h. Been audited by the SEC, NASD, any state securities department, or other licensing or regulatory agency?
 - i. Yes No
 - 1. If “YES”, provide a copy of the audit letter and the response

Signature of Applicant: _____

Date: _____

Title: _____

Firm: _____

Please attach the following additional materials pertaining to the Broker-Dealer only:

- ___ Securities Broker-Dealer's latest audited report, including the latest 10-K filed with the SEC (if publicly traded)
- ___ The four most recent focus reports
- ___ Written policy and procedure manuals used for supervising activities of Registered Representatives and Registered Investment Advisors
- ___ Due diligence guidelines for approving investment vehicles
- ___ The latest regulatory exam and management response
- ___ Current Form BD and updates
- ___ Current Form ADV Part I and updates
- ___ Current Form ADV Part II with applicable updates and schedules
- ___ FINRA reports for all Principals and Officers
- ___ Copies of any regulatory audits performed in the last three years and responses
- ___ Balance sheet and income statement (unaudited reports are acceptable)

*If Applicant is requesting prior acts coverage and has maintained continuous claims made coverage, attach proof of current insurance (certificate of insurance or copy of the expiring policy's declarations page).