

## ACCOUNTANTS & CONSULTANTS PROFESSIONAL LIABILITY Personal Financial Planning Services Supplement

1. Have **you** formed a separate business entity to provide Financial Planning Services?

a. Yes  No

b. If "YES", please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. Do **you** desire coverage for these services? Yes  No

2. Do **you** secure separate errors & omissions coverage with your broker/dealer? Yes  No

3. Sources of income from Financial Planning and Investment Advisory Services:

<u>Source</u>	<u>Last Year</u>	<u>This Year</u>
Fee based assets management including wrap-up fees	\$	\$
Commissions and/or contingency fees	\$	\$
Hourly fees and/or retainers	\$	\$
Other compensation, referral fees, or reciprocity [1]	\$	\$

[1] Describe: \_\_\_\_\_

4. Activity Analysis:

a. Discretionary asset management Yes  No

b. Discretionary asset management (ERISA) Yes  No

c. Discretionary authority to invest client funds Yes  No

i. If "YES", please describe: \_\_\_\_\_

d. Non-discretionary asset management Yes  No

e. Other financial planning or investment advice Yes  No

i. Please describe: \_\_\_\_\_

f. Placement of insurance coverage or annuities Yes  No

g. Portfolio management services Yes  No

h. Preparation of written financial plans Yes  No

i. Recommendation of individual mutual funds Yes  No

j. Recommendation of individual stocks, bonds, or other investments Yes  No

k. Referrals to third part investment advisors, including broker/dealers Yes  No

5. Are **you** registered as an investment advisor? Yes  No

a. Please specify: \_\_\_\_\_

6. Are **you** a registered representative/account executive for a broker/dealer? Yes  No

a. Name of Firm Member: \_\_\_\_\_

b. Name of Broker/Dealer: \_\_\_\_\_

7. Do **you** have any professional qualifications specific to financial planning? Yes  No

a. Name of Firm Member: \_\_\_\_\_

b. Qualification: \_\_\_\_\_

8. Value of the total funds under asset/portfolio management: \$ \_\_\_\_\_

a. Number of clients \_\_\_\_\_

9. Value of total funds with discretionary authority: \$ \_\_\_\_\_

a. Number of clients \_\_\_\_\_

10. Do **you** invest client funds in limited partnerships or other investments in which **you** have a financial or other interest? Yes  No

11. Do **you** require a signed engagement letter or contract for services, updated annually, describing the client's investment goals and the specific services **you** will perform? Yes  No

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_