

Personal Lines Insurance Agents Professional Liability

FINANCIAL PLANNERS ADDENDUM TO APPLICATION

Name of Applicant: _____ Date: _____

Name of Partners, Principals, Producers, Independent Contractors selling Life/Accident/ Health products	Title	Type of License	Date Licensed	# of Years of Related Experience

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.

 Date

 Principal, Partner, or other of the Firm