

**SUPPLEMENTAL APPLICATION FOR  
REGISTERED INVESTMENT ADVISOR  
PROFESSIONAL LIABILITY INSURANCE**  
*(RISKS with ANNUAL REVENUES in EXCESS OF \$200,000)*

Return Applications to:  
**Fox Point Programs, Inc.**  
250 Philadelphia Pike, 2nd Floor  
Wilmington, DE 19809-3125  
800-499-7242 • Fax: 302-765-2088  
www.foxpointprg.com

NOTICE: THE POLICY FOR WHICH YOU ARE APPLYING IS WRITTEN ON A CLAIMS-MADE AND REPORTED BASIS. ONLY CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD ARE COVERED SUBJECT TO THE POLICY PROVISIONS. THE LIMITS OF LIABILITY STATED IN THE POLICY ARE REDUCED, AND MAY BE EXHAUSTED, BY CLAIMS EXPENSES. CLAIMS EXPENSES ARE ALSO APPLIED AGAINST YOUR DEDUCTIBLE, IF APPLICABLE.

**INSTRUCTIONS** Please type or print all answers clearly. Answer all questions completely, leaving no blanks. If there is insufficient space to complete an answer, please continue on a separate sheet indicating the question number. If any questions, or any part thereof, do not apply, print N/A in the space. Insert checks in Yes or No answer boxes, if any. This application must be completed, signed, and dated by an authorized officer of your firm. The Company will rely on all statements made in this application.

1. Applicant Name \_\_\_\_\_
2. Does the Applicant employ financial advisors? .....  Yes  No
3. Do any independent contractors (non-employees) give investment advice on behalf of the Applicant?  Yes  No  
**If the answer is "Yes" to Question 2 or 3, contact Fox Point Programs**
4. Does the Applicant or any of its partners, officers, directors, employees, or associated professionals act as both trustee and advisor to any client? .....  Yes  No
5. Does the Applicant or any of its partners, officers, directors, employees or associated professionals have more than a 5% ownership interest in, or act as a director, officer, employee, or any other position of control:
  - a) Any enterprise in which they advise or solicit clients to invest? .....  Yes  No
  - b) Any organization to which they act as an advisor? .....  Yes  No**If the answer to 5a or 5b is "Yes", provide full explanation on a separate sheet.**
6. Is the Applicant or any of its partners, officers, directors, employees or associated professionals a CPA?  Yes  No  
**If the answer to 6 is "Yes", provide full explanation on a separate sheet including details of any attestation work or consulting services for any accounting client who is also an advisory client.**
7. Is any advisory client an investment company (mutual fund), REIT, limited partnership, or private placement? .....  Yes  No  
**If the answer to 7 is "Yes", provide full explanation on a separate sheet.**  
**If "No", does the Applicant agree to notify the insurance company within thirty (30) days if the Applicant starts to render advisory services to such a client? .....  Yes  No**
8. During the last three (3) years, has the Applicant or any affiliate been involved in, or presently considering or contemplating any merger, acquisition, divestiture, or change in ownership? .....  Yes  No  
**If the answer to 8 is "Yes", provide full explanation on a separate sheet.**
9. Is the Applicant's ADV Parts I and II, as filed and dated on the SEC IARD a current accurate disclosure as of the date of this application? .....  Yes  No

Applicant Signature: \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_  
(Must be signed by an Officer of the Applicant)

Printed Name & Title: \_\_\_\_\_

**THE APPLICANT WARRANTS THAT THE STATEMENTS AND RESPONSES TO THE QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, NOR DOES IT OBLIGATE THE COMPANY TO ISSUE A POLICY. SUCH POLICY MAY BE CANCELLED BY THE COMPANY FROM INCEPTION UPON DISCOVERY THAT THE POLICY WAS OBTAINED THROUGH A FRAUDULENT STATEMENT, OMISSION, OR CONCEALMENT OF THE FACTS MATERIAL TO THE ACCEPTANCE OF THE RISK OR HAZARD ASSUMED.**