

Application for:
REGISTERED INVESTMENT ADVISOR
PROFESSIONAL LIABILITY INSURANCE
(RISKS WITH ANNUAL REVENUES OF \$200,000 OR LESS)

Return Applications to: **Fox Point Programs, Inc.**
 4001 Miller Road
 Wilmington, DE 19802
 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.

STEP A: DETERMINE PREMIUM based on desired Limits of Liability and Applicants Annual Revenues.
 Please contact FOX POINT if Revenues exceed \$200,000 and complete the Supplementary Application.

Limit of Liability*	Deductible	ANNUAL REVENUE BANDS with PREMIUMS listed below			
		Under \$75,000	\$75,001–\$100,000	\$100,001–\$150,000	\$150,001–\$200,000
\$ 500,000/\$1,000,000	\$5,000	\$1,417	\$1,667	\$2,446	\$3,427
\$1,000,000/\$1,000,000	\$5,000	\$1,539	\$1,810	\$2,656	\$3,722
\$1,000,000/\$2,000,000	\$5,000	\$1,700	\$2,000	\$2,938	\$4,113

*Other Liability and Deductible options are available.

NOTE: Rates above assume retro-date inception.

STEP B: CALCULATE THE TOTAL AMOUNT to be remitted.

Total Premium from Step A: \$ _____ + \$200.00 Policy Fee (Required) = Total Remittance Amount: \$ _____

1. GENERAL INFORMATION

Applicant Name _____

dba Name _____

Business Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

E-Mail _____ Years in Business _____

Licenses Held _____ Professional Designations _____

Does the Applicant employ other Financial Advisors or utilize independent contractors to give investment advice on behalf of the Applicant? . . . Yes No *If the answer is "Yes", please complete the Supplementary Application*

Is Prior Acts coverage required? Yes No *If "Yes", please specify retro-date _____ / _____ / _____*

NOTE: Proof of prior coverage may be required.

2. FINANCIAL AND BUSINESS INFORMATION a. Indicate fiscal year end date: _____ / _____ (month/day)

Provide professional services by approximate percentage. *Must equal 100%.* Details of all services provided by the Applicant to be identified regardless of whether or not revenues are included in Question 2c.

Professional Services	Percent	Professional Services	Percent
Financial Plan Preparation/Advice	_____ %	Product Sales Based On Financial Plan	_____ %
Discretionary Asset Management	_____ %	Product Sales Not Based On Financial Plan	_____ %
Non-Discretionary Asset Management	_____ %	Referral to Third Party Managers	_____ %
Divorce Financial Consulting	_____ %	Third Party Pension Administration	_____ %
Tax Preparation	_____ %	Asset Monitoring	_____ %
Accounting Services		Other (please describe in detail):	
Other Than Tax Preparation	_____ %	_____	_____ %

b. As an advisor, does the Applicant recommend the use of alternative investments? Yes No
If the answer is "Yes", please complete the Supplementary Application.

c. Indicate below the total annual commissions and fee income derived from for all financial planning, investment advisory, and financial instrument sales/service activities for each of the following Fiscal Periods:

Fiscal Year	Annual Revenues	% of Revenues Fee Based
Prior Year 20__ __	\$	%
Current Year 20__ __	\$	%
Projected Next Year 20__ __	\$	%

If Current Year revenues exceed \$200,000, complete the Supplementary Application.

d. Does the Applicant receive commissions? Yes No
If "Yes", provide a breakdown of total commission income by percent. Must equal 100%.

Type of Product	Percent	Type of Product	Percent	Type of Product	Percent
Mutual Funds.	%	Life, Health, Disability, Accident, or Long Term Care.	%	Hedge Funds/ Funds of Funds.	%
Variable Annuities.	%	REITs (including REIT Mutual funds).	%	Options, Futures, Tangibles, CMO's, Derivatives.	%
Listed Stocks.	%	Viatical agreements, Senior settlements or Life Settlements	%	Other forms of Unregulated Securities (please describe)	
Foreign Securities/ADRs	%	Unlisted Stocks, Unregistered Securities, Private Placements	%		
Investment Grade Bonds.	%	Junk Bonds.	%		%

e. What is the percentage of total revenue derived from the Applicant's largest client? %

3. CLAIMS/LOSS HISTORY

a. Has the Applicant or any associated professional ever:

- 1) Had a professional license or registration denied, suspended, revoked, non-renewed, or restricted? Yes No
- 2) Been formally reprimanded by any court, administrative or regulatory agency? Yes No
- 3) Had a complaint filed with any consumer agency, state securities department, insurance department, or by the Applicant's Broker-Dealer, DEC, NASD, or other regulatory agency? Yes No
- 4) Been formally accused of violating any professional association's code of ethics? Yes No
- 5) Been convicted of a felony? Yes No
- 6) Been involved in or is aware of any fee disputes involving suits? Yes No

If the answer any question under 3a is "Yes", provide details on a separate sheet.

b. Has any Professional Liability claim(s), complaint or proceeding been made against the Applicant or any person or organization proposed for this insurance or any predecessor organization? Yes No

c. Is (are) any person(s) or organization(s) proposed for this insurance aware of any fact, error, omission, circumstance, or situation that might provide grounds for any claim under the proposed insurance? Yes No

If the answer to 3b or 3c is "Yes", complete the Supplemental Claims Questionnaire for each Claim, Notice, or Circumstance.

4. PRIOR INSURANCE

a. Please provide the following information for any Errors & Omissions or Professional Liability Insurance the Applicant carried during the last three years:

Company	Limit of Liability	Deductible	Premium	Policy Period	Retro Date
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

b. Has any Errors & Omissions or Professional Liability Insurance issued to the Applicant ever been declined, cancelled, or non-renewed? Yes No **If the answer is "Yes", please explain on a separate sheet.**

PAYMENT OPTIONS

A. Check For Total Remittance Amount as calculated in Step B (page 1) payable to **Fox Point Programs, Inc.**

B. Credit Card: VISA MasterCard AMEX

CREDIT CARD NUMBER

EXP DATE

Applicant's Authorized Signature _____ Date _____

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.