

THIS IS AN APPLICATION FOR INSURANCE WRITTEN ON A "CLAIMS MADE AND REPORTED" BASIS WHICH APPLIES ONLY TO CLAIMS FIRST MADE WHILE THE POLICY IS IN FORCE.

Please submit completed application to matt.woodford@ipcginsurance.com.

GENERAL INFORMATION

1. Name of Applicant: _____

NOTE: Attach list of any DBAs or other names used in the business and identify type of business relationship to the Applicant. List all locations other than the one listed in question 4 on a separate sheet.

2. Company Type: Individual Partnership LLC Corporation Other: _____

3. Website URL: _____

4. Physical Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Email: _____

5. Date agency was established (if new/start-up, provide resume of all principals): _____

6. Requested Limits and Deductibles

(NOTE: WE CANNOT GUARANTEE TO OFFER ANY OF THE BELOW LIMITS OR DEDUCTIBLES.)

Limits requested:

\$100,000 / \$200,000

\$1,000,000 / \$2,000,000

\$250,000 / \$500,000

\$2,000,000 / \$2,000,000

\$500,000 / \$1,000,000

Other: \$ _____ / \$ _____

\$1,000,000 / \$1,000,000

Deductible requested:

\$1,000

\$20,000

\$2,500

\$25,000

\$5,000

\$50,000

\$10,000

\$75,000

\$15,000

\$100,000

7. Provide the percentage of total assets you advise in each of the following categories (must total 100%).

NOTE: Mutual Funds or ETFs in your portfolios that hold other security types shown below should be considered mutual funds or ETFs for the lower schedule. List only the portion of the below products not held within Mutual Funds or ETFs.

%	Classes and Types of Assets Managed and Assets Advised	%	Classes and Types of Assets Managed and Assets Advised
<input type="text"/>	Mutual Funds (all investment styles)	<input type="text"/>	Foreign Securities (Traded 100% outside the U.S.)
<input type="text"/>	Cash	<input type="text"/>	Certificates of Deposit
<input type="text"/>	Closed-End Investment Companies	<input type="text"/>	Unit Investment Trusts (UIT)
<input type="text"/>	Variable Annuities	<input type="text"/>	Unlisted Stocks
<input type="text"/>	Investment Grade Bonds	<input type="text"/>	Unregistered Securities
<input type="text"/>	Listed Stocks	<input type="text"/>	Index Linked Securities
<input type="text"/>	Exchange Traded Funds (ETF) (excluding leveraged and inverse)	<input type="text"/>	Junk Bonds/Below Investment Grade
<input type="text"/>	Leveraged Exchange Traded Funds	<input type="text"/>	Promissory Notes/Leases/Receivables
<input type="text"/>	Inverse Exchange Traded Funds	<input type="text"/>	Hedge Funds
<input type="text"/>	Municipal Securities	<input type="text"/>	Fund of Hedge Funds
<input type="text"/>	Options	<input type="text"/>	Guaranteed Investment Contracts (GIC)
<input type="text"/>	REITs Publicly Traded	<input type="text"/>	Collective Investment Trusts/Fund (CIT/CIF)
<input type="text"/>	REITs/REIFs Privately Traded	<input type="text"/>	Tangibles (gold, silver, collectibles, coins, etc.)
<input type="text"/>	Limited Partnership/General Partnerships or similar Pooled Investment Vehicles	<input type="text"/>	Asset-Backed Securities, Mortgage-Backed Securities, CMO, CDOs
<input type="text"/>	Exchange Traded Notes (ETN)	<input type="text"/>	Church Bonds
<input type="text"/>	Digital Asset/Cryptocurrency	<input type="text"/>	Non-Fungible Tokens (NFTs)
<input type="text"/>	Other: <input type="text"/>	<input type="text"/>	Other Derivatives or Structured Products



8. Provide approximate percentages of professional services (must total 100%). Indicate all services that you provide.

(NOTE: LPOA = Limited Power of Attorney)

%	Nature of Practice	%	Nature of Practice
_____	Modular / Comprehensive Financial Planning / Preparation / Advising	_____	Investment Management or Pension / Benefit Consulting
_____	Divorce Financial Consulting	_____	Hourly Advice
_____	Discretionary Asset Management (LPOA)	_____	Wrap Accounts
_____	Non-Discretionary Asset Management (LPOA with Prior Consent)	_____	Tax Preparation
_____	Asset Monitoring (No LPOA to Direct Trades)	_____	Seminars / Education
_____	Product Sales Based On Financial Plan	_____	Third Party Pension Administration
_____	Product Sales Not Based On Financial Plan	_____	Timing Services
_____	Publish Newsletters for Subscription or Fee	_____	Third Party Money Managers
		_____	Other: _____

9. Sources of Revenue

Provide gross annual revenues from financial planning, advisory activities, and commissions from the sales of securities and/or life and health insurance received by all covered individuals and entities.

Year	Annual Total Gross Revenues (100%)	% Fee Only Revenues	% Commission Revenues	Number of Financial Advisors
Last Year: \$ _____	\$ _____	_____ %	_____ %	_____
Projected for Current Year: \$ _____	\$ _____	_____ %	_____ %	_____
Projected for Next Year: \$ _____	\$ _____	_____ %	_____ %	_____

10. Value of Regulatory Assets Under Management (AUM) or Assets Under Advisement (AUA):

AUM – Discretionary Accounts	Market Asset Value	Value of Largest Account	Number of Customers
Discretionary AUM accounts	\$ _____	\$ _____	_____
AUM – Non-Discretionary Accounts	Market Asset Value	Value of Largest Account	Number of Customers
Non-Discretionary AUM accounts	\$ _____	\$ _____	_____
AUA – Investment Consulting, Monitoring Or Referral	Market Asset Value	Value of Largest Account	Number of Customers
Total Asset Monitoring (No LPOA to Direct Trades)	\$ _____	\$ _____	_____
Total Referral to Third Party Money Manager Accounts (no Direct Management)	\$ _____	\$ _____	_____
TOTALS FOR ALL AUM AND AUA ACCOUNTS:	\$ _____		

11. In the past five (5) years, has the applicant:
- a. Designed, administered or placed business in any insurance captives, reciprocals, pools, risk retention groups, and/or risk purchasing groups?
 Yes No N/A
 - b. Been involved with the ownership, formation, operation or administration of any insurance company, health maintenance organization (HMO), preferred provider organization (PPO) or self-insured program? Yes No N/A
 - c. Sold annuities in Structured Settlement Arrangements? Yes No N/A
 - d. Been involved in the sale of life insurance policies to a viatical company, or been involved in the investing or servicing of viatical products?
 Yes No N/A
 - e. Acted as a named fiduciary? Yes No N/A
12. Does the applicant perform any of the following activities? **If yes**, advise if it is only in conjunction with insurance agent services provided to clients. (Coverage may be excluded under policy.)

Operations	Yes/No	Only for Applicant's Insurance Clients?	Revenue
Risk Management/Loss Control	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Premium Finance for Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Reinsurance Intermediary	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Third Party Administrator (TPA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Claims Adjustment Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Actuarial Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Tax Preparer/Accountant	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Real Estate Sales	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

13. Has any insurer declined, cancelled or non-renewed any Investment Adviser Professional Liability Insurance or any similar insurance on behalf of any applicant for this insurance? (Not applicable in state of Missouri.) Yes No
14. Has any Professional Liability (E&O) claim, complaint or proceeding been made against you or any other applicant or predecessor organization proposed for this insurance? Yes No
15. Is any applicant aware of any fact, error, omission, circumstance or situation that may provide grounds for any claim under the proposed insurance? Yes No
16. Have you or any of your directors, officers, employees, predecessors, subsidiaries, affiliates or any other applicant been involved in or have knowledge of any pending or completed governmental, regulatory, investigative or administrative proceedings? Yes No
17. Is any advisory customer an investment company (registered or unregistered), REIT, limited partnership, collective investment trust or any other pooled investment vehicle? Yes No
- a. **If yes**, provide details on a separate sheet.
 - b. **If no**, do you agree to notify us within 30 days if you start to render advisory services to such a customer? Yes No
18. Do you act as adviser or consultant for any Taft-Hartley, union or governmental employee benefit plans? Yes No
If yes, attach a list of accounts and assets.
19. During the last 3 years, have you or any affiliate considered or been involved in any attempted or completed merger, acquisition, divestiture or significant change in principals? Yes No
20. What percentage of your revenue is derived from professional entertainers, celebrities, athletes and musicians? _____ %
If none, check here:
21. Do you provide personal management services such as sports management or bill paying or other concierge services to any customer?
 Yes No



22. Securities Trading

- a. What is the average daily trading volume? _____
 Number of trades: _____ Number of shares: _____ Dollar value: \$ _____
- b. Does an automated system track trades from order through execution? Yes No
- c. Is a trading guidelines manual utilized? Yes No
- d. What is the name of the firm used to clear trades? _____
 i. How many years have they provided this service? _____
 ii. Does the applicant's contract with them hold the applicant harmless for liability arising from their acts? Yes No
 iii. Are trades cleared only on a fully disclosed basis? Yes No
- e. Please describe how trading authority is reviewed:
- f. Are exception reports generated at renewal? Yes No
- g. How often are exception reports reviewed? _____
- h. How frequently are trades reconciled against fund/account guidelines? Daily Weekly Monthly Other

23. Trading Errors

Before a trade is executed, are there procedures in place to ensure the trade does not violate the investment agreement and that the correct trade amount is being executed? Yes No

- a. Are there mechanisms or policies in place to quickly identify if a trading error has occurred? Yes No
If yes, attach your policy and procedures.
- b. Have you ever had a trading error loss in excess of \$5,000? Yes No
If yes, provide details (i.e., dates, amounts, and by whom the loss was paid).
- c. Do you provide **ERISA 3(38)** Investment Manager or **ERISA 3(21)** Limited Scope Fiduciary services to your customers? Yes No
If yes, please include the professional service contracts with the submission.

ERISA Service	Regulatory Assets Under Management and Advisement	Number of Accounts
ERISA 3(38) Investment Manager	\$ _____	_____
ERISA 3(21) Limited Scope Fiduciary	\$ _____	_____

24. Custodians/Trade Associations (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Fidelity | <input type="checkbox"/> Pershing | <input type="checkbox"/> Garrett Network |
| <input type="checkbox"/> TD Ameritrade | <input type="checkbox"/> Shareholders Services Group | <input type="checkbox"/> Fi360 |
| <input type="checkbox"/> National Advisors Trust | <input type="checkbox"/> Raymond James Advisory | <input type="checkbox"/> XYPN |
| <input type="checkbox"/> Scottrade | <input type="checkbox"/> Schwab | <input type="checkbox"/> BAM |
| <input type="checkbox"/> Folio Institutional | <input type="checkbox"/> FPA | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Trust Company of America | <input type="checkbox"/> NAPFA | |

25. List all advisers who provide financial advice. Independent Contractors (1099) are not automatically covered under the policy.
If needed, attach a separate sheet.

Names of All Individual Advisers	Professional Designations	CRD Number

26. Conflicts of Interest

*Please explain any **yes** responses on a separate sheet.*

- a. Do you or any of your partners, members, managers, officers, directors, employees or associated professionals:
- i. Act as both Trustee and adviser to any customer? Yes No
 - ii. Act as a director, partner, member, manager, officer, employee or any other position of control for any organization in which customers are solicited to invest? Yes No
 - iii. Advise or solicit customers to invest in any enterprise in which any firm member has more than 5% ownership interest? Yes No
 - iv. Advise customers to invest in any enterprise in which another customer has more than 5% ownership interest? Yes No
 - v. Act as adviser to an organization in which you, your members or associated persons have more than 5% ownership interest?
 Yes No
 - vi. Use performance-based fees? Yes No
 - 1. Are all customers exempted from Rule 205(a) or deemed "Qualified Clients"? Yes No
 - 2. How many customers have performance-based fees? _____
 - vii. Use third party solicitors to generate business? Yes No
 - 1. Is the arrangement in compliance with state or federal regulations? Yes No
 - 2. Do the solicitors evidence this arrangement to prospective customers? Yes No
 - 3. How many solicitors are used? _____
- b. Is any applicant a director, officer, employee or in a position of control for any organization or enterprise (including all subsidiaries and affiliates) which is also an advisory customer? Yes No
- c. Are you or any of your partners, officers, directors, employees or associated professionals a CPA? Yes No
If yes, do any such persons perform or attest work/consulting services for any accounting customer who is an advisory customer?
 Yes No

27. Disclosure Events

*Please explain any **yes** responses on a separate sheet.*

Have you or any associated professional ever:

- a. Had a professional license or registration denied, suspended, revoked, non-renewed or restricted? Yes No
 - b. Been formally reprimanded by any court, administrative or regulatory agency? Yes No
 - c. Had a complaint filed with any consumer agency, state securities department, insurance department or your broker-dealer, SEC, FINRA or other regulatory agency? Yes No
 - d. Been audited by the SEC, FINRA, any state securities department or other licensing or regulatory agency? Yes No
 - e. Been formally accused of violating any professional association's code of ethics? Yes No
 - f. Been convicted of a felony or any civil proceedings? Yes No
 - g. Been involved in, or are aware of, any fee disputes including suits? Yes No
28. Excluding advisory fees and authorized disbursement to an account with the same registration of the customer, do you have power to withdraw or disburse funds in the account? Yes No



PRIOR COVERAGE INFORMATION

29. List all professional liability, E&O or legal expense insurance carried by the applicant during the past three (3) years. **If none**, enter "NONE."
Provide a copy of expiring declarations page for proof of retroactive date.

Insurance Company	Limits of Liability	Deductible	Premium	Expiration	Retro Date
	\$ _____	\$ _____	\$ _____	_____	_____
	\$ _____	\$ _____	\$ _____	_____	_____
	\$ _____	\$ _____	\$ _____	_____	_____

SIGNATURE PANEL

The Applicant declares that any event or occurrence that happens prior to the effective date of coverage which may cause any statement to be untrue or incomplete will be reported in writing to the insurer’s representative. Further, the Applicant declares that receipt of such report by the insurer’s representative is a condition precedent to coverage. I/we hereby declare that the above particulars and statements are true and that I/we have not omitted or suppressed or misstated any material facts and that at the present time, I/we have no reason to anticipate any claim being brought against me/us for any error or omission on the part of me/us or any proposed insured and, agree that this Application Form shall be the basis of any policy of insurance which may be issued by the company and shall be deemed a part thereof; one signed copy to be attached to the policy, if issued.

THE LIMITS OF LIABILITY STATED IN THIS POLICY INCLUDE THE COST OF CLAIMS EXPENSE AND MAY BE REDUCED OR EXHAUSTED BY SUCH COSTS AND IN SUCH EVENT THE COMPANY SHALL NOT BE LIABLE FOR THE COSTS OF CLAIMS EXPENSE OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH EXCEEDS THE LIMITS OF LIABILITY OF THE POLICY. IF THERE IS A DEDUCTIBLE AMOUNT SHOWN IN THE DECLARATIONS, CLAIMS EXPENSE COSTS INCURRED IN THE DEFENSE OF ANY CLAIM WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

The Applicant hereby authorizes the Company, by signing this application, to contact any prior insurer and obtain any details, or prior loss information, or obtain any other information from any other source, which the Company deems important in the underwriting of the insurance applied for by this application. Arkansas Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. It is agreed that the signature to this form does not bind the company or the Applicant to complete this insurance.

MUST BE SIGNED AND DATED BY OWNER, PARTNER OR SENIOR OFFICER OF THE AGENCY APPLYING FOR COVERAGE.

Authorized signature (Owner, Partner or Senior Officer)

Date (Month/Day/Year)

Typed or printed name:

Title:

Please submit completed application to matt.woodford@ipcginsurance.com.