



UNDERWRITTEN IN FEDERAL INSURANCE COMPANY OR VIGILANT INSURANCE COMPANY

INSURANCE COMPANY PROFESSIONAL LIABILITY COVERAGE IS WRITTEN ON A CLAIMS-MADE BASIS. EXCEPT AS OTHERWISE PROVIDED, THIS POLICY WILL COVER ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. PLEASE READ IT CAREFULLY.

DEFENSE COST PROVISION:

PLEASE NOTE THAT THE DEFENSE COST PROVISION OF THIS POLICY STIPULATES THAT THE LIMITS OF LIABILITY MAY BE COMPLETELY EXHAUSTED BY THE DEFENSE COSTS. ANY DEDUCTIBLE MAY BE SIMILARLY REDUCED OR EXHAUSTED BY DEFENSE COSTS.

A. GENERAL INFORMATION

1. a. Name of Applicant: _____

b. Address of Applicant: _____
(Street Address) (City) (State) (Zip Code)

c. Name and Title of Authorized Representative: _____

d. Date Applicant Established: _____

e. Name of Agent: _____

2. Please complete the Schedule of Subsidiaries under Section G.

3. Nature of primary operations: Property/Casualty Life/Health
 Reinsurance Other _____

4. Type of ownership: Stock Reciprocal
(Check all that apply) Mutual Captive
 Risk Retention Fraternal
 Other _____

5. a. Effective Date of Requested Coverages: _____

b. Limits Requested:

Insuring Clause 1: Insurance Services \$ _____

If coverage is desired, please answer question B.1.

Insuring Clause 2: Financial Services \$ _____

If coverage is desired, please answer question B.2.

c. Deductible Amount Requested: \$ _____

6. Provide the following information regarding the Applicant's current insurance program:

	Limit	Deductible	Premium	Carrier	Term
Errors & Omissions	_____	_____	_____	_____	_____
Directors & Officers Liab.	_____	_____	_____	_____	_____
Blanket Bond	_____	_____	_____	_____	_____
General Liability	_____	_____	_____	_____	_____

7. a. AM Best Rating: _____ Date: _____

b. Claims paying ability rating: _____ Rating Agency: _____ Date: _____

8. Provide the following information:

	Total Assets	Written Premium	Surplus	Operating Income
Year to Date:	_____	_____	_____	_____
Prior Year End:	_____	_____	_____	_____

B. SERVICES

1. Is the Applicant or any of its Subsidiaries currently offering or planning to offer any of the following Insurance Services?

	For Policy Holders		For Other Than Policy Holders	
a. Actuarial consulting?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Claims handling and adjusting?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Insurance pool management?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Insurance risk management?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. Personal injury rehabilitation	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Premium financing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. Recovery subrogation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h. Safety engineering, inspection or loss control?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
i. Salvage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
j. Other Insurance Services? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

2. Is the Applicant or any of its Subsidiaries currently offering or planning to offer any of the following Financial Services?
- a. Data Processing Services? YES NO
If yes, complete Supplemental Application A
 - b. Insurance Agency? YES NO
If yes, complete Supplemental Application B
 - c. Investment Advisor/Counselor/Manager? YES NO
If yes, complete Supplemental Application C
 - d. Lending or Leasing Services? YES NO
If yes, complete Supplemental Application D
 - e. Pension Fund Management? YES NO
If yes, complete Supplemental Application E
 - f. Proprietary Mutual Funds? YES NO
If yes, complete Supplemental Application F
 - g. Real Estate Agency? YES NO
If yes, complete Supplemental Application G
 - h. Securities Broker/Dealer? YES NO
If yes, complete Supplemental Application H
 - i. Other Financial Service? _____ YES NO

3. Has the Applicant or any Subsidiary entered into any new classes of business in the past 3 years? YES NO

If yes, please provide, on a separate sheet, full details.

4. Does the Applicant or any Subsidiary currently manage any pools? YES NO

If yes, please provide, on a separate sheet, full details.

5. Safety Inspections, Loss Control, and Safety Engineering Services:
- a. Number of safety engineering and loss control inspection employees: _____
 - b. Annual number of safety engineering and loss control inspections: _____
 - c. Does the Applicant hire outside safety engineering or loss control services? YES NO
If yes, what percentage is handled by outside services? _____

C. AUDITING PRACTICES

1. a. Provide the dates of the last 3 regulatory examinations along with the name of the examining agency:
- | | | | |
|------|-------|--------|-------|
| Date | _____ | Agency | _____ |
| Date | _____ | Agency | _____ |
| Date | _____ | Agency | _____ |
- b. Have all recommendations or criticisms of the last examination been complied with as respects the Applicant and Subsidiaries? YES NO

Please attach a copy of recommendations and management's response.

2. Has the Applicant or any of its Subsidiaries, during the past 3 years, received an order to "Cease and Desist" from any regulatory agency or entered into any type of written agreement with any regulatory agency concerning the operations of the Applicant or any of its Subsidiaries? YES NO
- If yes**, please provide, on a separate sheet, full details.
3. Does the Applicant have an Internal Audit Department? YES NO
- If yes**, how many full-time employees are in the Internal Audit Department? _____
4. Does the Applicant have a Compliance Department? YES NO
- If yes**, how many full-time employees are in the Compliance Department? _____
5. How often does the Board of Directors review the following?
- a. Claim Activity: _____
 - b. Financial Statements of the Applicant: _____
 - c. Insurance Coverages: _____
 - d. Investment Activities: _____
 - e. Threatened or Actual Litigation: _____

D. CLAIMS

1. Approximate total number of claims handled annually: _____
2. Number of field claims offices: _____
3. a. Number of inside claims adjusters: _____
- b. Number of outside claims adjusters: _____
- c. Number of claims medical staff: _____
- d. Number of claims attorneys: _____
4. Does the Applicant or any Subsidiary contract outside adjustment services? YES NO
- If yes**, what percentage of claims are handled by outside adjustment services? _____
5. Does the Applicant grant authority to independent agents to negotiate and settle claims? YES NO
- If yes**, how many agencies and what is the maximum authority?
- Number of Agencies _____ Maximum Authority _____

6. a. Are there established procedures for handling claims or suits against the Applicant for errors and omissions, extra contractual liability, and punitive damages? YES NO
- If yes**, please attach separate sheet describing procedures.
- b. Have there been any changes in these procedures in the past year? YES NO
- c. How often are these procedures reviewed and analyzed? _____
- d. Who is the senior person responsible for monitoring and assessing all such suits and claims?
- Name of Officer: _____ Title: _____

E. PAST ACTIVITIES

1. Have there been during the past 5 years, or are there now pending, any suits, claims or proceedings against the Applicant or any of its Subsidiaries, or any of their past or present directors, officers, employees, or any predecessors in business that would be related to the proposed insurance? YES NO
2. Has anyone in your organization ever promoted or permitted the sales practice of representing that any life insurance product sold would have a “vanishing premium” benefit, with the affect that such policy would pay for itself after a set number of years? YES NO
3. Is anyone in your organization aware that such sales practices, as described in question 2. above, were ever utilized by either your in-house sales force or any independent agents selling life insurance products underwritten by your organization? YES NO

Pertaining to Questions 1, 2, and 3, it is agreed that any claim arising from such suits, claims or proceedings is excluded from the proposed coverage.

4. Is the undersigned or any director or officer proposed for this insurance aware of any fact, circumstance, situation or wrongful act involving the Applicant or any of its Subsidiaries, or the directors or officers of the Applicant or any of its Subsidiaries which he has reason to believe might result in any future claim which would fall within the scope of the proposed insurance? YES NO

If yes, please provide details on a separate sheet.

Pertaining to Question 4, it is agreed that if the undersigned or any director or officer proposed for this insurance is aware of any such fact, circumstance, situation or wrongful act, any claim subsequently arising therefrom shall be excluded from coverage under the proposed insurance.

F. OTHER INFORMATION

One copy of the following documents is to be attached and made a part of this Application:

- a.** Latest two Annual Reports to Stockholders or Policyholders.
- b.** Latest Convention Statement.
- c.** Latest two CPA Management Letters and Responses.
- d.** Organizational Chart including all Subsidiaries.

The undersigned persons declare that to the best of their knowledge the statements set forth herein in all sections of this APPLICATION and in any attachments to this APPLICATION are true and correct, and that reasonable effort have been made to obtain sufficient information from each and every Director or Officer proposed for this insurance to facilitate the proper and accurate completion of this APPLICATION. The undersigned further agree that, if between the date of this APPLICATION and the effective date of this Policy, (1) any material change in the condition of the Applicant is discovered, or (2) there is any material change in the answers to the questions contained herein, either of which would render this APPLICATION inaccurate or incomplete, notice of such change will be reported in writing to the Company immediately and, if necessary, any outstanding quotation may be modified or withdrawn.

The signing of this APPLICATION does not bind the undersigned to purchase the insurance, but it is agreed by the Applicant and all persons proposed for this insurance, that the particulars and statements contained in this APPLICATION and the attachments and materials submitted with this APPLICATION (which shall be retained on file by the Company, be the basis of the Policy, and will be considered as incorporated in and constituting a part of the Policy. It is further agreed by the Applicant and all persons proposed for this insurance that such particulars and statements are material to the decision to provide this insurance and that any Policy will be issued in reliance upon the truth of such particulars and statements. All such particulars and statements shall be deemed to be made by each and every one of the persons proposed for this insurance provided that, except for any misstatements or omission of which the signers of this APPLICATION are aware any misstatement or omission in this APPLICATION, or the attachments and materials submitted with it, concerning any matter which any person proposed for this insurance has reason to suppose might afford grounds for a future claim against him shall not be imputed, for purposes of any recession of the Policy, to any other persons proposed for this insurance who are not aware of the omission or the falsity of the statement.

PLEASE NOTE: ONLY DULY APPOINTED AGENTS OF THE COMPANY AND LICENSED BROKERS ARE AUTHORIZED TO SOLICIT APPLICATIONS FOR COVERAGE. AGENTS AND BROKERS ARE NOT AUTHORIZED TO BIND COVERAGE. NO COVERAGE SHALL BE PROVIDED UNLESS THE COMPANY ACCEPTS THE APPLICATION AND BINDS THE COVERAGE.

False Information:

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime.

False Information (Florida Only):

Any person who, knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an Application containing any false, incomplete, or misleading information, is guilty of a felony of the third degree.

False Information (Louisiana Only):

Any person who, knowingly and with intent to deceive any insurance company or other person, files an Application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime.

False Information (Maine Only):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the Company. Penalties may include imprisonment, fines, or denial of insurance benefits.

False Information (Nebraska Only):

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime, when such person subsequently submits a claim.

False Information (New York Only):

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

False Information (Pennsylvania Only):

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 material fact thereto, commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

Signature of Chief Executive Officer or Chairman, Board of Directors

Date

Signature of General Counsel

Date

A Policy cannot be issued unless the APPLICATION is properly signed and dated by the Chief Executive Officer or Chairman, Board of Directors; and General Counsel.

NOTE: This APPLICATION and all exhibits shall be treated in strictest confidence.

**SUPPLEMENTAL APPLICATION PART A
INSURANCE COMPANY PROFESSIONAL LIABILITY POLICY**

A. DATA PROCESSING SERVICES

1. Name of Applicant: _____

2. Year service established or purchased: _____

3. Indicate the types of business services provided, and the annual income from each type:

	<u>Type</u>	<u>Yes/No</u>	<u>Annual Fees</u>
a. Accounting		_____	_____
b. Payroll		_____	_____
c. Accounts Pay/Rec.		_____	_____
d. Cost/Gen. Acct.		_____	_____
e. Management Reporting		_____	_____
f. Other (Please provide, on a separate sheet, full details)		_____	_____
TOTAL FEES			_____

4. Indicate the types of data services provided and percentage of data processing revenue derived from each:

	<u>Type</u>	<u>Yes/No</u>	<u>% of Processing Revenue</u>
a. Check Processing		_____	_____
b. Data Storage		_____	_____
c. Data Entry		_____	_____
d. Data Collection		_____	_____
e. Data Processing		_____	_____
f. Other (Please provide, on a separate sheet, full details)		_____	_____

5. Does the Applicant have a comprehensive disaster recovery plan? YES NO

If yes, indicate the name of the offsite center: _____

If no, please provide, on a separate sheet, full details describe the procedures in place for disaster recovery.

6. Does the Applicant have a specialized EDP audit staff? YES NO

If yes, are they required to obtain the Certified Information Systems Auditor designation? YES NO

7. Do clients have contractual responsibility for determining the accuracy of results? YES NO

8. Is this service rendered under a contract? YES NO

If yes:

- a. Are all contracts approved by counsel? YES NO
- b. Do all contracts provide indemnity and/or limitations to the Applicant's liability? YES NO
- c. Please provide a copy of a standard contract. YES NO

If no, please provide, on a separate sheet, full details describing how the Applicant protects itself from liability.

Signature _____
Title _____
Date _____

**SUPPLEMENTAL APPLICATION PART B
INSURANCE COMPANY PROFESSIONAL LIABILITY POLICY**

B. INSURANCE AGENCY

1. Name of Applicant:
2. Year service established or purchased: _____
3. List the types of insurance which the Applicant currently offers and the volume of each line during the last 12 months.

<u>Type</u>	<u>Yes/No</u>	<u>12 Month Volume</u>	<u>Income</u>
Credit Life	_____	_____	_____
Marine	_____	_____	_____
Aviation	_____	_____	_____
Other Life	_____	_____	_____
Property and Casualty	_____	_____	_____
Health and Disability	_____	_____	_____
Other	_____	_____	_____

4. Does the Applicant solicit business only from Applicant customers? YES NO

If no, please describe, on a separate sheet, the Applicant's marketing strategies, e.g., direct mail, advertising, etc.

5. How many officers or employees are licensed to sell insurance? _____
6. How many locations sell insurance? _____
7. Is any underwriting authority maintained within these operations? YES NO

If yes, please describe, on a separate sheet, the product line and authority.

8. Please provide, on a separate sheet, insurance companies and their Best's Ratings which the Applicant transacts business with as brokers/agents.

Signature _____
 Title _____
 Date _____

**SUPPLEMENTAL APPLICATION PART C
INSURANCE COMPANY PROFESSIONAL LIABILITY POLICY**

C. INVESTMENT ADVISOR/COUNSEL/MANAGER

1. Name of Applicant: _____

2. Year service established or purchased: _____

3. Indicate the number of customers or accounts for which investment advice is provided by the Applicant: _____

a. What is the total value of assets for which investment advice is provided? _____

b. What is the value of the largest account? _____

c. What are the total fees earned by this service? _____

4. Are services provided for:

- | | | | | |
|-----------------------------|--------------------------|-----|--------------------------|----|
| a. Individuals? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| b. Corporation? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| c. Charitable Institutions? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| d. Other? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

5. Do customers complete a questionnaire or other written document which clearly identifies and states the customer's investment objectives? YES NO

6. Does the Applicant recommend investment areas other than commonly traded securities? YES NO

If yes, please provide, on a separate sheet, full details describing the specialty area, state its percentage of total investment assets, objectives of investment, and geographic locations, if applicable.

7. Is this service rendered under a contract? YES NO

If yes:

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| a. Are all contracts approved by counsel? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| b. Do all contracts provide indemnity and/or limitations to the Applicant's liability? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| c. Please provide a copy of a standard contract. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

If no, please provide, on a separate sheet, full details describing how the Applicant establishes customer expectations for service.

8. Please provide, on a separate sheet, full details describing professional qualifications of individuals involved in providing this service or Form ADV, if applicable.

9. Who is the Compliance Officer charged with monitoring your investment management function?

Signature _____
Title _____
Date _____

**SUPPLEMENTAL APPLICATION PART D
INSURANCE COMPANY PROFESSIONAL LIABILITY POLICY**

D. LENDING OR LEASING SERVICES

1. Name of Applicant: _____

2. Year service established or purchased: _____

3. Please attach a copy of the most recent itemized summary describing the type and volume of loans and leases as presented to your Board of Directors.

4. Is there a formal lending policy (adopted by the Board of Directors) addressing all types of loans and leases in which you participate? YES NO

If no, please describe full details on a separate sheet.

5. Does your formal lending policy describe minimum documentation standards for each type of loan or lease in which you participate? YES NO

If no, please describe, on a separate sheet, full details.

6. Who is charged with the responsibility of monitoring your lending function?

7. Is there a loan committee? YES NO

If no, please describe, on a separate sheet, the loan review process.

8. Is there an independent credit review function? YES NO

9. Is there an independent function to resolve problem loans? YES NO

10. Is a loan customer required to complete a loan application? YES NO

If no, under what circumstances is a loan application not required?

11. Are all loan declinations notified in writing to the loan or lease customer as to reason(s) for the declination? YES NO

If no, please describe exceptions:

12. Are formal commitment letters provided to all approved loans, leases and/or approved lines of credit? YES NO

If no, please describe exceptions:

13. Have all Internal Audit and Compliance exceptions within the lending and leasing functions been corrected? YES NO

If no, please provide, on a separate sheet, full details.

14. Does the Applicant ever become involved in the management of a business of any customer either directly or indirectly? YES NO

If yes, please provide, on a separate sheet, full details.

15. Have all regulatory criticisms been addressed and corrected to the satisfaction of your regulator(s)? YES NO

If no, please provide, on a separate sheet, full details.

Signature _____

Title _____

Date _____

**SUPPLEMENTAL APPLICATION PART E
INSURANCE COMPANY PROFESSIONAL LIABILITY POLICY**

E. PENSION FUND MANAGEMENT

1. Name of Applicant: _____
2. Year service established or purchased: _____
3. For each type of the following services offered by the Applicant, please indicate the number of accounts, total assets, and size of largest account:

<u>Type</u>	<u>No. of Accounts</u>	<u>Total Assets</u>	<u>Size of Largest Account</u>
Pension Accounts	_____	_____	_____
401K Plans	_____	_____	_____
Thrift Plans	_____	_____	_____
ESOP	_____	_____	_____
TOTALS	_____	_____	_____

4. What functions does the Applicant perform for these accounts?

<u>Function</u>	<u>Assets in Category</u>
Trustee	_____
Plan Administrator	_____
Custodian	_____
Record Keeper	_____
Investment Advisor	_____
Transfer Agent	_____
Other (please describe)	_____

5. What policies and procedures are followed for monitoring the performance of outside companies/professionals who are involved with the account(s)?

6. Does the Applicant manage a special group of pooled funds for ERISA accounts? YES NO

If yes, submit the last two annual reports for these funds.

7. Are any assets which the Applicant holds as an ERISA fiduciary invested outside the United States? YES NO

If yes, please indicate Applicant's role.

	<u>Assets in Category</u>
Custodian	_____
Investment Manager	_____

8. Are any of the accounts invested in mutual funds managed by other organizations? YES NO

If **yes**, please indicate the funds, investment manager, and asset size.

<u>Fund Name</u>	<u>Manager</u>	<u>Assets Invested</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Are ERISA accounts managed by a special unit? YES NO

If **yes**, please indicate average years of experience of officers. _____

10. Is this service rendered under a contract? YES NO

If **yes**:

- a. Are all contracts approved by counsel? YES NO
- b. Do all contracts provide indemnity and/or limitations to the Applicant's liability? YES NO
- c. Please provide a copy of a standard contract.

If **no**, please describe, on a separate sheet, how the Applicant protects itself from liabilities.

Signature _____

Title _____

Date _____

**SUPPLEMENTAL APPLICATION PART F
INSURANCE COMPANY PROFESSIONAL LIABILITY POLICY**

F. PROPRIETARY MUTUAL FUNDS

1. Name of Applicant: _____

2. Year service established or purchased: _____

3. Please indicate the number of investment companies as defined by the Investment Company Act of 1940 for which services are provided. _____

a. What is the total market value of the assets of these funds? _____

b. What is the value of the assets in the largest fund? _____

c. Please provide a current prospectus for each fund.

4. Which of the following services does the Applicant provide?

Accounting	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Custody of Securities	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Distribution	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Investment Advice	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Transfer Agency	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Valuation	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Other				

5. Does the Applicant staff a separate servicing unit for Mutual Funds? YES NO

If no, please provide a listing of outside service providers:

6. Describe, on a separate sheet, any auditing procedures associated with these services.

7. Is this service rendered under a contract? YES NO

If yes:

a. Are all contracts approved by counsel? YES NO

b. Do all contracts provide indemnity and/or limitations to the Applicant's liability? YES NO

c. Please provide a copy of a standard contract. YES NO

If no, please describe, on a separate sheet, how the Applicant protects itself from liabilities.

Signature _____

Title _____

Date _____

**SUPPLEMENTAL APPLICATION PART G
INSURANCE COMPANY PROFESSIONAL LIABILITY POLICY**

G. REAL ESTATE AGENCY

1. Name of Applicant: _____

2. Year service established or purchased: _____

3. **Real Estate Broker or Agent:**

a. Does the Applicant perform real estate broker or agent functions? YES NO

If yes, provide the following information for the past year.

	<u>Number of Properties Sold</u>	<u>Total Value</u>	<u>Total Commissions</u>
Commercial	_____	_____	_____
Residential	_____	_____	_____
Other	_____	_____	_____
TOTALS	_____	_____	_____

b. Number of employees who are licensed as real estate broker or agent? _____

4. **Real Estate Appraiser:**

a. Does the Applicant perform real estate appraiser functions? YES NO

If yes, provide the following for the past year.

	<u>Number of Appraisals</u>	<u>Fee Income</u>
Commercial	_____	_____
Residential	_____	_____
Other	_____	_____
TOTALS	_____	_____

b. Number of employees acting as real estate appraisers? _____

c. Are all real estate appraisers required to obtain professional certification and belong to professional associations for appraisers? YES NO

If yes, indicate the certifications and professional associations.

5. **Real Estate Manager:**

Does the Applicant perform real estate management functions?

YES NO

If yes, provide the following:

	<u># of Properties Managed</u>	<u>Estimated Total Value</u>	<u>Management Fees</u>
Commercial	_____	_____	_____
Residential	_____	_____	_____
Other	_____	_____	_____
TOTALS	_____	_____	_____

6. Do sales contracts and/or property management contracts provide indemnity and/or limitations as to the Applicant's liability?

YES NO

If no, please explain policies and procedures.

7. Does the Applicant require a hazardous waste survey before accepting appointment as manager of properties?

YES NO

If no, please explain policies and procedures.

8. Are there specific guidelines regarding the maintenance of insurance on managed properties?

YES NO

Signature

Title

Date

**SUPPLEMENTAL APPLICATION PART H
INSURANCE COMPANY PROFESSIONAL LIABILITY POLICY**

H. SECURITIES BROKER/DEALER

1. Name of Applicant: _____
2. Year service established or purchased: _____
3. Number of Registered Representatives: _____
4. Name and title of person who has functional responsibility for monitoring compliance of Registered Representatives:

5. Total annual revenue from brokerage commissions: _____
6. Average daily trading volume: _____
7. State percentage of volume of margin account transactions? _____
8. What percent of accounts are:
Individual _____ Corporate _____ Institutional _____ Other _____
9. a. Name and title of person who has functional responsibility for receiving and resolving customer complaints:

- b. Give number of complaints received in the past three years: _____
- c. How many were unresolved after 60 days? _____
10. State percent of revenues which are derived from the following:
 - a. Listed Stocks _____
 - b. Unlisted Stock _____
 - c. Bonds _____
 - d. Unregistered Stocks and Bonds _____
 - e. Commercial Paper _____
 - f. Options Contracts _____
 - g. Commodity Futures _____
 - h. International Securities (non-domestic stock exchange) _____
 - i. Mutual Funds _____
 - j. Limited Partnerships _____
 - k. Direct Private Placements _____
 - l. Market Making/Specialist _____
 - m. Underwriting _____
 - n. Other (please specify) _____

11. a. Does the Brokerage Operation clear its own trades: YES NO

If no, indicate the name of the broker or clearing agent used:

- b. Is the broker or clearing agent selection reviewed annually? YES NO

- c. Is there a hold harmless clause in the contract with the broker or clearing agent to protect the Applicant for improperly executed trades? YES NO

12. a. Do clients sign a written brokerage contract with the applicant's brokerage operation? YES NO

- b. Does the contract contain an arbitration agreement? YES NO

- c. If the operation is a discount brokerage, does the contract or other literature given to customers clearly define the firm's responsibility and specifically indicate that no investment advice is to be given? YES NO

- d. Please provide a copy of a standard contract.

13. a. Does the Applicant have an economic forecasting operation? YES NO

If yes, please provide, on a separate sheet, full details describing the types of financial and economic advisory projects performed for customers.

- b. What was the total fee income generated from these forecasting activities during the past year? _____

Signature _____

Title _____

Date _____