

**APPLICATION FOR REGISTERED INVESTMENT ADVISOR PROFESSIONAL LIABILITY INSURANCE (RISKS WITH ANNUAL REVENUES OF \$200,000 OR LESS)**



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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.

**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.*

**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** Check For Total Remittance Amount as calculated in Step B (page 1) payable to: **NAPLIA**

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.**