



QBE Specialty Insurance Company  
 88 Pine Street, Wall Street Plaza  
 New York, New York 10005



## WEALTH ADVISERS' PROFESSIONAL LIABILITY COVERAGE APPLICATION

CLAIMS MADE AND REPORTED COVERAGE – PLEASE READ ALL POLICY PROVISIONS

**NOTICE: EXCEPT AS MAY BE OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR COVERED ACTS COMMITTED SUBSEQUENT TO THE RETROACTIVE DATE, IF APPLICABLE, FOR WHICH CLAIMS ARE FIRST MADE AGAINST YOU WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO US NO LATER THAN SIXTY (60) DAYS AFTER THE TERMINATION OF THIS POLICY. THE COVERAGE OF THIS POLICY DOES NOT APPLY TO CLAIMS FIRST MADE AGAINST YOU AFTER THE TERMINATION OF THIS POLICY UNLESS, AND IN SUCH EVENT ONLY TO THE EXTENT, AN EXTENDED REPORTING PERIOD OPTION APPLIES**

**Please fully answer all questions in ink. Complete all sections, including the appropriate supplements. If space is inadequate to answer all questions in full, please provide details on a supplemental sheet of paper.**

*Throughout this application the words "you" and "your" refer to the applicant herein and any subsidiary, partner, officer, director, member, covered independent contractor or employee of the applicant. The words "we", "us" and "our", refer to the insurance company to which this application is made.*

1. Name of Applicant: \_\_\_\_\_  
 (attach a copy of the firm's current letterhead)

Contact: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

URL: http://\_\_\_\_\_ Date Established: \_\_\_\_\_

Individual:  Corporation:  Partnership:  LLC/LLP:  Other:  \_\_\_\_\_

Parent Organization (None ): \_\_\_\_\_

2. List any subsidiary, predecessor, acquired or merged firms for which coverage is requested:

<u>Name of firm:</u>	<u>Date of formation or Transaction:</u>	<u># of professional staff that joined you:</u>	<u>% of firm annual billings assigned to you:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. List all investment advisers who are employed (W-2) and Independent Contractors (1099) that work solely on behalf of the Named Applicant. Accounting firms should list only those that provide financial planning/investment advisory services. Independent Contractors (1099) that provide services independent of the named applicant are not covered under policy and require separate applications or, if requested, may be added as additional insureds.

Name of All Employed Investment Advisers	Years in practice	Professional Designations	NASD Series Licenses	NASD CRD Number	FI360	CFDD	Other Associations

4. Are any of **your** investment advisers also registered representatives for a Broker-Dealer?  Yes  No

If "yes", please provide the name of the Broker-Dealer and attach evidence or certificate of separate insurance coverage.

5. List the names of any independent contractors (non-employees) giving investment advice on **your** behalf: None

Do **you** want coverage for the listed independent contractors?  Yes  No

6. Provide gross annual revenues derived from financial planning, advisory activities, commissions and/or product sales. Do not include professional accounting services revenues unless **you** require coverage for tax preparation work.

Year	Annual Total Gross Revenues (100%)	% Fee Only Revenues	% Commission Revenues	No. of Financial Advisors
Last Year 20_____	\$ _____	% _____	% _____	
Present Year 20_____	\$ _____	% _____	% _____	
Projected for next Year 20_____	\$ _____	% _____	% _____	

7. CONFLICTS OF INTEREST

(a) Do **you**:

- (i) act as both trustee and advisor to any client?  Yes  No
- (ii) advise clients to invest in any enterprise in which **you** have an ownership interest?  Yes  No
- (iii) advise clients to invest in any enterprise in which another client has an ownership interest?  Yes  No
- (iv) act as advisor to an organization in which **you** have an ownership interest?  Yes  No

(b) Do **you** have an ownership interest or act as a director, officer, an employee or act in any position of control for any organization in which clients are solicited to invest?  Yes  No

(c) Is any person proposed for insurance under this application a director, an officer, an employee, or in a position of control for any organization or enterprise, including all subsidiaries and affiliates, for an advisory client?  Yes  No

(d) Are **you** or any or **your** partners, officers, directors, employees or associated professionals a CPA?  Yes  No

If "Yes", do any such persons perform attest work/consulting services for any accounting client who is also an advisory client?  Yes  No

**If you respond "Yes" to any of the questions in 7 above, please provide details on a separate sheet.**

8. Do **you** use a Compliance Attorney or Consultant?  Yes  No

If "Yes" provide name of individual: \_\_\_\_\_

9. Provide professional services by approximate percentage (must add to 100%):

Nature Of Practice	%
Asset Monitoring (No Limited Power of Attorney to Direct Trades)	
Discretionary Asset Management - ERISA (LPOA)	
Divorce Financial Consulting	
Non-Discretionary Asset Management (LPOA with Prior Consent)	
Hourly Advice	
Modular/Comprehensive Financial Plan Preparation/Advice	
Product Sales Based On Financial Plan	
Referral To Third Party Managers	
Wrap Accounts	

Nature Of Practice	%
Discretionary Asset Management - Individual (LPOA)	
Investment Management Consulting (No LPOA)	
Third Party Pension Administration (not claims)	
Timing Services	
Product Sales Not Based On Financial Plan	
Tax Preparation	
Accounting Services Other Than Tax Preparation	
Other:	
Other:	

10. As an advisor, do **you** provide advice on, recommend or use alternative investments?  Yes  No

If "Yes" provide the percentage of **your** total practice advice and/or portfolio use that the following alternative investments represent to the total advice and/or assets managed. Do not include investments that are used within a mutual fund.

Type Of Investment	%
Private Placements	
Commodity Futures	
Promissory Notes	
Tangibles (gold, silver, collectibles, coins, etc.)	
Hedge Funds/Fund of Hedge Funds	
Mortgages, mortgage pools, mortgage backed securities	
REITS Privately Traded	
Investment Related Real Estate	

Type Of Investment	%
Unrated Bonds	
Options Contracts[1]	
Unregistered Securities	
Foreign Securities Excluding ADR's	
General or Limited Partnerships	
Derivative Instruments	
Other:	

**\*Please complete the Options supplement**

11. Do **you** receive commissions?  Yes  No  
 If Yes, provide a breakdown of total commission income by percent. Must equal 100%

Type Of Product	%
Mutual Funds	
Variable Annuities	
Life/Health/Disability/Accident Sales/Long Term Care	
Listed Stocks	
Investment Grade Bonds	
Promissory Notes/Leases/Receivables	
Private Placements	
REITS other than REIT Mutual Funds	
Options/Futures/Tangibles	

Type Of Product	%
CMO's/Derivatives	
Foreign Securities (excl. ADR'S)	
Hedge Funds or Fund of Hedge Funds	
General or Limited Partnerships	
Unregistered Securities	
Unlisted Stocks	
Junk Bonds	
Subprime Mortgages or Subprime CMO's of CDO's	
Viatical Agreements/Senior Settlements/Life Settlements	

12. What percentage of **your** revenue is derived from professional entertainers, celebrities, athletes and musicians?  
 \_\_\_\_\_ % If ZERO, check here

13. Do **you** provide personal management services (e.g. sports management or bill paying, etc.) to any professional entertainers, celebrities, athletes and musicians?  Yes  No

14. Is any advisory client an investment company (mutual fund), REIT, limited partnership or private placement?  Yes  No  
 If "Yes" provide details on a separate sheet. If "No", do **you** agree to notify **us** within thirty (30) days if **you** begin providing advisory services to such a client?  Yes  No

15. Do **you** have an employee dishonesty insurance policy or bond, which covers theft of client funds?  Yes  No  
 If "Yes" provide a copy of **your** employee dishonesty insurance policy or bond declarations page.

16. Have **you** or any associated professional ever:
- (a) Had a professional license or registration denied, suspended, revoked, nonrenewed or restricted or have you been convicted of a felony?  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, NASD, or other regulatory agency?  Yes  No
  - (d) Been audited by the SEC, NASD, any state securities department, or other licensing or regulatory agency? If Yes, provide a copy of the audit letter and **your** response.  Yes  No
  - (e) Been formally accused of violating any professional association's code of ethics?  Yes  No
  - (f) Have you or your firm provided services for 1031 exchanges  Yes  No
  - (g) Been involved in or is aware of any fee disputes including suits?  Yes  No
  - (h) Ever had a trading error loss in excess of \$5,000? If Yes, provide details including dates, amounts and by whom the loss was paid.  Yes  No

If "Yes" to any part of Question 16., please provide details on a separate sheet.

17. Are **you** associated with, or consult, with any Broker-Dealer, Investment Adviser or Investment Manager that does not use an independent third party as a custodian for investment funds.  Yes  No  
If "Yes" provide details on a separate sheet.
18. During the last three (3) years have **you** or any affiliate been involved in, or presently considering or contemplating any merger, acquisition, divestiture or significant change in principal?  Yes  No  
If "Yes" provide details on a separate sheet.
19. Do **you** act as advisor or consultant for any Taft-Hartley, Union, or Governmental employee benefit plan?  Yes  No  
If "Yes" attach a list of accounts and assets.

20. (a) Number of accounts lost in the last twelve (12) months: \_\_\_\_\_  
 (b) Total assets under management for accounts lost in the last twelve (12) months: \$ \_\_\_\_\_  
 (c) Reasons for loss of accounts: \_\_\_\_\_

21. Do **you** direct trades in client's custodial accounts?  Yes  No  
If "Yes" complete the following:

Do You:

(a) Use a written Investment Policy Statement for other than ERISA accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Have Limited Power of Attorney to direct trades in the client's account? If Yes: please answer:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> <b>You</b> use full discretion to trade without prior consent of the client.	
<input type="checkbox"/> <b>You</b> use discretion to trade within an Investment Policy Statement or written parameters.	
<input type="checkbox"/> <b>You</b> decline to exercise discretion and obtain prior consent for each and every trade.	
(c) Excluding advisory fees and authorized disbursement to an account with the same registration or the client, do <b>you</b> have power to withdraw/disburse funds in the account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Custodians: <input type="checkbox"/> Fidelity <input type="checkbox"/> TD Ameritrade <input type="checkbox"/> Schwab <input type="checkbox"/> Pershing <input type="checkbox"/> FISERV <input type="checkbox"/> Assetmark <input type="checkbox"/> NATC <input type="checkbox"/> SSG <input type="checkbox"/> Other: _____	

22. Types of Accounts:

TYPES OF ACCOUNTS	% of Fees	Number of Accounts	Market Asset Value	Largest Account Asset Value
Non-Discretionary ERISA Pension/Employee Benefit Plans			\$	\$
Non-Discretionary All Other Accounts			\$	\$
Investment Management Consulting Accounts (No Direct Management)			\$	\$
Referral to Third Party Money Manager Accounts (No Direct Management)			\$	\$
Discretionary ERISA Pension/Employee Benefit Plans (please provide a copy of the Investment Advisers ERISA bond)			\$	\$
Discretionary All Other Accounts			\$	\$
Total All Accounts			\$	\$

23. FORM ADV DISCLOSURES

(a) Is <b>your</b> Form ADV Part I as filed and dated on the SEC IARD a current and accurate disclosure of <b>you</b> as of the date of this application? If not SEC IARD filed, provide complete Form ADV Part I in paper format.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not IARD filed
(b) Is <b>your</b> Form ADV Part II including schedules as filed and dated on the SEC IARD a current and accurate disclosure <b>you</b> as of the date of this application? If not SEC IARD filed, provide complete Form ADV Part II in paper format.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not IARD filed

(c) Do <b>you</b> agree to notify <b>us</b> of any change to facts presented in the Application between the date of Application and the effective date of coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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24. List all additional professional liability insurance currently carried (e.g. accountants, tax preparation, group broker-dealer, life agent).

Insurer	Limits of Liability	Deductible	Type of Insurance	Policy Period	Retroactive Date

25. Has any professional liability claim(s), complaint or proceeding been made against **you** or any person or organization proposed for this insurance or any predecessor organization?  Yes  No  
If "Yes" provide details on a separate sheet.

26. 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? If "Yes" provide details on a separate sheet  Yes  No

27. Have **you** and/or any of its directors, officers and/or employees, its predecessors, subsidiaries, affiliates, employees and/or any other person or organization proposed for this insurance been involved in or have knowledge of any pending or completed governmental regulatory, investigative or administrative proceedings?  Yes  No  
If "Yes" provide details on a separate sheet.

28. Has any insurer declined, cancelled or nonrenewed any Investment Adviser Professional Liability Insurance or any similar insurance on behalf of any person(s) or organization(s) proposed for this insurance?  Yes  No  
If "Yes" provide details on a separate sheet.

29. EFFECTIVE DATE OF COVERAGE: \_\_\_\_\_ 30. PRIOR ACTS DATE: \_\_\_\_\_

31. REQUESTED LIMITS AND DEDUCTIBLES

PER CLAIM/AGGREGATE LIMITS REQUESTED		DEDUCTIBLE REQUESTED	
<input type="checkbox"/> \$ 250,000/\$500,000	<input type="checkbox"/> \$ 1,000,000/\$1,000,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$15,000
<input type="checkbox"/> \$ 500,000/\$1,000,000	<input type="checkbox"/> \$ 1,000,000/\$2,000,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000*
<input type="checkbox"/> \$ 1,000,000/\$1,000,000	<input type="checkbox"/> Higher Limits: _____		

\*Deductibles of 25,000 or more require satisfactory financials

32. Name of **your** law firm: \_\_\_\_\_

Contact name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

33. Name of **your** accounting firm: \_\_\_\_\_

Contact name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**NEW BUSINESS APPLICANTS ONLY:** If **you** require prior acts coverage and has maintained continuous claims made coverage, attach a Certificate of Insurance for current coverage and a coverage synopsis or a copy of the current declarations, policy and endorsements.

**Please attached the following additional materials**

- Form ADV Part II and Schedule F. **NOTE** Part II must be a current and accurate disclosure of the Applicant.
- Sample client contract(s) for each type of professional service rendered.
- A copy of any regulatory audits performed in the last three (3) years and **your** response. Renewal policyholders do not need to include audits previously submitted.
- Balance Sheet and Income Statement (unaudited is acceptable).

REPRESENTATION: It is represented to **us**, that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should **we** evidence its acceptance of this application by issuance of a policy. The undersigned hereby authorize the release of claim information from any prior insurer to the insurer.

Except to such extent as may be provided otherwise in the policy, the policy for which application is being made is limited for **ONLY THOSE CLAIMS FIRST MADE AGAINST YOU** while the policy is in force.

#### APPLICANT FRAUD WARNINGS

**NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.**

**NOTICE TO FLORIDA APPLICANTS: 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.**

**NOTICE TO KANSAS APPLICANTS: A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.**

**NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.**

**NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

**NOTICE TO MAINE APPLICANTS: 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.**

**NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

**NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.**

**NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.**

**NOTICE TO NEW YORK APPLICANTS:** All Commercial Insurance, Except As Provided for Automobile Insurance: **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 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.**

**Automobile Insurance:** **Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation.**

**NOTICE TO OHIO APPLICANTS:** **Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** **Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.**

**NOTICE TO PENNSYLVANIA APPLICANTS:** All Commercial Insurance, Except As Provided for Automobile Insurance: **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.**

**Automobile Insurance:** **Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.**

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**NOTICE TO RHODE ISLAND APPLICANTS:** **Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

**NOTICE TO TENNESSEE APPLICANTS:** All Commercial Insurance, Except As Provided for Workers' Compensation **It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.**

**Workers' Compensation:** **It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.**

**NOTICE TO UTAH APPLICANTS:** Workers' Compensation: **Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.**

**NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.**

**NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.**

**NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

**NOTICE TO ALL OTHER STATES: Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.**

**THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.**

**COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.**

**ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.**

I agree that signing this form will permit Hunt Jorgensen, LLC as managers for **AdvisersGold™** or their agents to send emails relating to your coverage to the party identified in Item 1. of this application, and their designees.

Signature of Applicant\* \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Firm: \_\_\_\_\_

Agent: \_\_\_\_\_

Producer: \_\_\_\_\_ License Number: \_\_\_\_\_