

Financial Services Protection Insurance – Renewal Business Application



FINANCIAL SERVICES PROTECTION INSURANCE – RENEWAL BUSINESS APPLICATION

Markel American Insurance Company

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Notice: This is an application for coverage on a claims-made and reported basis. Such coverage, if issued, will apply solely as stated in the policy and will potentially cover only those claims that are first made against you and reported to us during the policy period or extended reporting period, if applicable.

The amounts incurred as defense expenses will reduce the limit of liability available, unless the policy is amended by endorsement.

Applicant: (Full legal name of Registered Investment Adviser or Investment Adviser Representative)

Additional Business Names: _____

NO ADDRESS CHANGES

Principal Business Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Website: _____ Email: _____

ALL DISCLOSURES AND SUBMITTED MATERIAL MUST BE CURRENT AND ACCURATE, as required by state and federal agencies.

Please indicate the attachment of the following items:

- Attached** – Your investment philosophy, if changed in the past 12 months; or
 No material change in investment philosophy or strategy.
- Attached** – Form ADV Part 1 and Form ADV Part 2A: Firm Brochure, or
 Filed electronically with IARD.
- Attached** – All Supplements, especially Form ADV Part 2B: Brochure Supplement for each IAR, or
 Filed electronically with IARD.
- Attached** – Sample customer contract(s) for each professional service rendered or
 No material change in services provided **and** previously submitted.
- Please submit** a copy or description of your firm’s Trade Error Policy and Procedures, or
 Previously submitted.
- Attached** – Current Balance Sheet and Income Statement (unaudited is acceptable).
- Provide name of your Chief Compliance Officer and the name of your Outside Compliance Professional – attorney or consultant.

Chief Compliance Officer: _____ **NONE**

Outside Compliance Professional: _____ **NONE**

Section A. Requested Limits And Deductibles

PER CLAIM / AGGREGATE LIMITS REQUESTED	DEDUCTIBLE REQUESTED
<input type="checkbox"/> EXPIRING <input type="checkbox"/> Other \$ _____ / \$ _____	<input type="checkbox"/> EXPIRING <input type="checkbox"/> Other \$ _____

Section B. General Information

1. 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 []
If yes, provide details on a separate sheet.
2. 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 []
If yes, provide details on a separate sheet.
3. 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 []
If yes, provide details on a separate sheet.
4. Has the applicant been involved in any actual or proposed merger, acquisition, consolidation, tender offer or divestment during the past 3 years or are any contemplated in the next 12 months? Yes [] No []
If yes, provide details on a separate sheet. [] **Previously submitted.**
5. Conflicts of Interest – Please explain any **yes** responses on a separate sheet.
 - a. Does the applicant or any of its partners, members, managers, officers, directors, employees, or associated professionals:
 - (1) Act as both Trustee and adviser to any customer? Yes [] No []
 - (2) 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 []
 - (3) Advise or solicit customers to invest in any enterprise in which any firm member has more than 5% ownership interest? Yes [] No []
 - (4) Advise customers to invest in any enterprise in which another customer has more than 5% ownership interest? Yes [] No []
 - (5) Act as adviser to an organization in which you, your members or associated persons have more than 5% ownership interest? Yes [] No []
 - (6) Have you begun using performance-based fees? Yes [] No []
 - (7) Do you use third party solicitors to generate business? Yes [] No []**If yes:**
 - (a) Is the arrangement in compliance with state or federal regulations? Yes [] No []
 - (b) Do the solicitors evidence this arrangement to prospective customers? Yes [] No []
 - (c) 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. Is any applicant or any of its 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 []
6. 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 []

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7. Custodians/Trade Associations – Please indicate [✓]:

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

8. List all advisers who provide financial advice. Independent Contractors (1099) are not automatically covered under the policy. Refer to Question 15. for additional coverage request. (If needed, attach a separate sheet.)

Name Of All Individual Advisers	Professional Designations	CRD Number

9. Disclosure Events – Please explain any **yes** responses on a separate sheet. **Nothing New**

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

10. Provide approximate percentages of professional services. Must total 100%. Indicate all services that you provide.

(Note: LPOA = Limited Power of Attorney) **NO CHANGES FROM PRIOR YEAR**

%	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
	Referral To Third Party Managers		Accounting Services Other Than 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

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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.

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

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

12. 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	# Of Financial Advisors
Last Year: \$	\$	%	%	
Projected for Current Year: \$	\$	%	%	
Projected for Next Year: \$	\$	%	%	

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

AUM – Discretionary Accounts	Market Asset Value	Value Of Largest Account	# Of Customers
Discretionary AUM accounts	\$	\$	
Non-Discretionary AUM accounts	\$	\$	
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:	\$		

Section C. Supplemental Coverages

If coverage for the below activities is requested, please complete the corresponding questions:

- Tax preparation [] Decline coverage [] Requested. Complete Question 1.
- Independent contractors [] Decline coverage [] Requested. Complete Question 2.
- Product sales [] Decline coverage [] Requested. Complete Question 3.
- Directors & Officers Liability [] Decline coverage [] Requested. Complete Question 4.
- Employment Practices Liability [] Decline coverage [] Requested. Complete Question 5.
- Specified Professions Professional Liability [] Decline coverage [] Requested. Complete Question 6.

NOTE: If the applicant declines all supplemental coverage, proceed to the NOTICE TO THE APPLICANT section below.

1. IF COVERAGE FOR TAX PREPARATION IS DESIRED, PLEASE COMPLETE THE FOLLOWING:

Provide gross annual tax preparation revenue: \$_____

2. IF COVERAGE FOR INDEPENDENT CONTRACTORS IS DESIRED, PLEASE COMPLETE THE FOLLOWING:

List the **CRD numbers** and **names** of any independent contractors (non-employees) giving investment advice on your behalf:
(If needed, attach a separate sheet.)

- a. _____
- b. _____
- c. _____

3. IF COVERAGE FOR PRODUCT SALES IS DESIRED, PLEASE COMPLETE THE FOLLOWING:

- a. List professionals that provide sales, and include commissions paid directly to that professional in Question 10 (sources of revenue): (If needed, attach a separate sheet.)

Name Of Financial Advisers	Life/Health	Security Sales

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b. Commission Revenue – Must total 100%

%	Types Of Products	%	Types Of Products
	Life/Health/Disability/Accident/Long Term Care / Fixed annuities		Asset-Backed Securities, Mortgage-Backed Securities, CMO, CDOs
	Variable annuities		Unlisted stocks
	Mutual funds		Unregistered securities
	Investment grade bonds		Index Linked Securities
	Listed stocks		Junk bonds / Below investment grade
	Exchange Traded Funds (non-leveraged or inversed)		Promissory Notes / Leases / Receivables
	Leveraged Exchange Traded Funds		Hedge funds
	Inverse Exchange Traded Funds		Fund of hedge funds
	Municipal securities Municipal securities (not in mutual funds or ETFs)		Guaranteed Investment Contracts (GIC)
	Options		Collective Investment Trusts / Fund (CIT / CIF)
	REITs Publicly Traded		Tangibles (gold, silver, collectibles, coins, etc.)
	REITs / REIFs Privately Traded		Foreign securities
	General or limited partnership		Other derivatives or structured products / Notes
	Digital Asset/Cryptocurrency		Non Fungible Tokens (NFTs)
	Exchange Traded notes		Other:

4. IF COVERAGE FOR DIRECTORS & OFFICERS LIABILITY IS DESIRED, PLEASE COMPLETE THE FOLLOWING:

a. Stock ownership:

- (1) Total number of common shares outstanding: _____
- (2) Total number of common stock shareholders: _____
- (3) Total number of common shares owned by its Directors and Officers (direct and beneficial): _____
- (4) List any shareholder(s) owning 5% or more of the common shares directly or beneficially of the applicant:

Name	Title	Ownership

- b. Has there been any change in ownership in last 12 months?..... Yes [] No []
If yes, provide details on a separate sheet.
- c. Does the applicant have a current Social Media policy? Yes [] No []
- d. Does the applicant have a current Pay-to-Play policy? Yes [] No []
- e. Does the applicant have a Whistleblower policy in the firm’s compliance manual **and** is it circulated and well known among staff?..... Yes [] No []
- f. Have there been any claims, or are there any claims now pending, against any person proposed for insurance in their capacity as Owner, Director, Officer, Partner or Trustee of an organization? Yes [] No []
If yes, provide details on a separate sheet.

Note: The policy, if issued, will not cover any such prior or pending claims.

- g. Has the Organization or any of its Owners, Directors, Officers, Partners or Trustees been involved in, charged with, or have any knowledge of any fact or circumstance involving any of the following which may give rise to a claim under the proposed insurance?
- (1) Antitrust, copyright or patent litigation? Yes [] No []
 - (2) Civil action, criminal action or administrative proceeding arising from an alleged or actual violation of any federal or state securities law or regulation? Yes [] No []
 - (3) Civil action, criminal action or administrative proceeding arising from an alleged or actual violation of any federal or state antitrust or fair trade law? Yes [] No []
 - (4) Unfair competition? Yes [] No []
 - (5) Raiding a competitor’s employees?..... Yes [] No []
 - (6) Representative actions, class actions, or derivative suits?..... Yes [] No []
 - (7) A lawsuit brought by any self-regulatory body or government agency?..... Yes [] No []
 - (8) A fine or sanction levied by any self-regulatory body or government agency?..... Yes [] No []

If yes to any question asked in g.(1) – g.(8) above, please provide details on a separate sheet.

Note: The policy, if issued, will not cover any claim or action arising from such knowledge, charges, information or involvement.

5. IF COVERAGE FOR EMPLOYMENT PRACTICES LIABILITY IS DESIRED, PLEASE COMPLETE THE FOLLOWING:

- a. Number of employees: Full Time: _____ Part Time: _____
- b. Has employee turnover exceeded 25% in any of the last 3 years? Yes [] No []

If yes, provide details on a separate sheet.

- c. Does the applicant have formal written policies or an employee handbook to address the following:
 - (1) Anti-Discrimination Yes [] No []
 - (2) Anti-Sexual Harassment Yes [] No []
 - (3) Employment At Will Yes [] No []

If yes to any question in c.(1) – c.(3) above, please answer the following:

- (a) When were the formal written policies that address the above last updated and distributed to staff? _____
- (b) Are all employees required to acknowledge receipt and that they have read the above policies? Yes [] No []
- (c) Are all formal written policies reviewed by an employment law attorney?..... Yes [] No []

- d. Does the applicant conduct employee training on subjects of discrimination and workplace harassment?..... Yes [] No []
- e. Percentage of current employees with annual total compensation (salary + bonuses) greater than \$100,000: _____%
- f. Is any reduction of employees or change of status anticipated or being contemplated in the next 18 months or has any such reduction or change occurred in the past 18 months?..... Yes [] No []

If yes, please answer the following:

- (1) How many employees will be affected? _____
- (2) Will outside counsel be utilized? Yes [] No []
- (3) Will severance be offered to all affected employees? Yes [] No []
- (4) Are procedures in place to assist affected employees in finding work?..... Yes [] No []

6. IF COVERAGE FOR SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY IS DESIRED, PLEASE COMPLETE THE FOLLOWING:

a. Describe all professional services performed for others and indicate the percentage of gross revenues derived from each activity.

Professional Services	Percent of Gross Revenues
	%
	%
	%
	%
	%
	%
	%

b. (1) Estimated annual gross revenues for the coming year: \$ _____

(2) Percentage of annual gross revenues for the coming year:

Domestic: _____%

Foreign: _____%

(3) Annual gross revenues for the last 3 years:

Last 12 months: Year: _____ \$ _____

1st prior year: Year: _____ \$ _____

2nd prior year Year: _____ \$ _____

c. Describe the applicant's 5 largest jobs in the past 3 years:

Customer Name	Professional Services	Gross Revenues
		\$
		\$
		\$
		\$
		\$

d. Were more than 50% of the Applicant's gross revenues for any of the last three years derived from any one contract?..... Yes [] No []

If yes, specify customer, professional services and duration of contract

- e. Provide the following:
- (1) A list of owners, partners and officers and percentage of ownership of each of the Applicant(s) named above.
 - (2) Latest annual financial statements.
 - (3) Advertisements, brochures, and descriptive literature on the applicant's business.
 - (4) Sample contract for services between the applicant and its customers.
 - (5) A list of and description of affiliations with any organization owned by any owner, partner or officer of any applicant.

NOTICE TO THE APPLICANT – PLEASE READ CAREFULLY

If we agree to issue a policy, we will rely upon all information contained in the application and the truth and accuracy of the representations contained in the application.

The applicant declares that:

1. The statements within and any attachments to the application are true and accurate to your best knowledge and belief, or to the best knowledge and belief of your authorized agent.
2. Neither you nor any other person or organization applying for coverage with us has knowledge of any fact, circumstance or situation which is not disclosed on the application and may result in a claim. Any claim subsequently arising from such a fact, circumstance or situation will not be covered by the proposed insurance.
3. You are applying for coverage on a claims-made and reported basis. You understand that such coverage, if issued, will apply SOLELY AS STATED IN THE POLICY and will potentially cover ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST YOU AND REPORTED TO US DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE. The policy, if issued, will have specific provisions detailing claim reporting requirements.
4. We are authorized to make any reasonable inquiries we deem necessary in connection with the application.

Fraud Warning: Any person who knowingly and with intent to defraud any Insurance Company or another 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 the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.)

STATE FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME only.

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Applicable in MN

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Representation Statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the application.

NOTE: Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Name of applicant _____ Title _____

Signature of applicant _____ Date _____

(Florida only) Agent license number: _____