

Financial Planning & Investment Questionnaire

Underwritten by The Hanover Insurance Company

NOTICE: THIS QUESTIONNAIRE IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

I. INSTRUCTIONS

Whenever used in this Questionnaire, the term **Firm** shall mean the **Named Insured** proposed for insurance, and **You** or **Your(s)** shall mean the persons and entities proposed for insurance unless otherwise stated.

Part A. Financial Planning & Investment Advisory Not Applicable

1. Does the **Firm** maintain a separate business entity to provide Financial Planning Services? Yes No
 a. If Yes, provide the entity name: _____
 b. If Yes, does the entity have the same ownership as the accounting firm? Yes No
 If No, explain: _____

2. Are **You** a Registered Representative / Account Executive for a Broker/Dealer? Yes No

If Yes, complete the following:

| Name of Firm Professional | Name of Broker/Dealer |
|---------------------------|-----------------------|
| | |
| | |

3. Is coverage requested for these services? Yes No
 4. Do **You** secure separate professional liability coverage with **Your** Broker/Dealer? Yes No
 5. Are **You** registered as an Investment Advisor? Yes No
 6. Do **You** have any professional qualifications specific to Financial Planning? Yes No

If Yes, complete the following:

| Name of Firm Professional | Qualification |
|---------------------------|---------------|
| | |
| | |

7. Provide the **Firm's** fiscal 12 month gross revenue figures for Financial Planning and Investment Advisory services:

| | Last Fiscal Year | Current Fiscal Year (estimated) |
|---|------------------|---------------------------------|
| Fee based asset management including wrap-up fees | \$ | \$ |
| Commissions and/or contingency fees | \$ | \$ |
| Hourly fees and/or retainers | \$ | \$ |
| Other compensation, referral fees or reciprocity | \$ | \$ |

8. Are these revenues included on the application? Yes No
 9. From the amounts listed above, provide the percentage of revenue derived from the following areas of practice:

| | | | |
|---|---|--|---|
| Prepare Financial Plan or Asset Allocation Modeling | % | Securities Sales | % |
| Non-Discretionary Asset Management | % | Conduct Investment Transaction for Clients | % |
| Discretionary Asset Management | % | Referrals to 3 rd Parties | % |
| Buying/Selling of Real Estate | % | Other Services _____ | % |

10. Provide information on which services are rendered:

- a. Preparation of written financial plans Yes No
- b. Recommendation of individual stocks, bonds, mutual funds or other investments Yes No
- c. Placement of insurance coverage or annuities Yes No
- d. Other financial planning or investment advice Yes No

If Yes, provide details: _____

11. Are engagement letters or written agreements in place for the services rendered above? Yes No

12. Provide information on any investment products recommended or sold: **Not Applicable**

| Percentage of Revenue | Products | | |
|-----------------------|---|------------------------------|-----------------------------|
| _____ % | Mutual Funds | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Variable Annuities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Fixed Annuities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Life/Health/Disability/Accident Insurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ % | Listed Stocks/Bonds | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Property/Casualty Insurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ % | Unlisted Stocks/Bonds | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Foreign Securities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Options and Futures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Real Estate Investment Trusts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Private Placements | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | General and Limited Partnerships | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ % | Viatical Agreements | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Derivatives | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Hedge Funds | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Other: (describe) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

13. Provide information on asset management services: **Not Applicable**

| | Last Fiscal Year | Current Fiscal Year (estimated) |
|--|------------------|---------------------------------|
| Non-Discretionary Asset Management – Total Funds | \$ | \$ |
| Number of Clients | | |
| Discretionary Asset Management – Total Funds | \$ | \$ |
| Number of Clients | | |

Part B. Life Insurance Agent **Not Applicable**

14. Do **You** secure separate professional liability coverage with **Your** Life/Health Agent services? Yes No

15. Is coverage requested for these services? Yes No

16. List each **Firm** partner or **Firm** professional performing life/health/accident/disability insurance agent or Broker services: _____

17. Provide information on services rendered:

| | Last Fiscal Year | Current Fiscal Year (estimated) |
|------------------------------|------------------|---------------------------------|
| Annual Premium | \$ | \$ |
| Annual Insurance Commissions | | |
| Number of Policies | | |

The undersigned, acting on behalf of all Applicants, declares that the statements above are true and complete, that thorough efforts were made to obtain requested information from all persons to be insured, no facts have been suppressed or misstated, and I/we understand that this supplement becomes part of the application.

Date _____ **Signature / Title** _____
(mm/dd/yyyy) (Chief Executive Officer, President, Financial Officer, Managing Partner or Owner)

(mm/dd/yyyy) (Print Name and Title)