



Accountants PROtectSM
Investment/Financial Services Supplemental Application

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **COLONY INSURANCE COMPANY**, **COLONY SPECIALTY INSURANCE COMPANY** OR **PELEUS INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER OR **ARGONAUT INSURANCE COMPANY**, A LICENSED INSURER.

INSTRUCTIONS –

- Answer all questions. The information provided herein is considered material to our underwriting and pricing decision for the policy or additional coverage under consideration at the time this supplemental application is submitted.
- For any information that exceeds the space provided, continue responses on your letterhead.
- This form must be completed, dated and signed by an authorized officer of the Applicant to include this completed form as part of the Application.

1. Name of Applicant:

2. Provide gross annual revenues on an accrual basis earned by the Firm from providing investment advice, financial planning, asset management or product sales for the following:

Current Fiscal Year (Est.)	Last Fiscal Year	Prior Fiscal Year

Please indicate the percentage of the above revenue that is commissioned based: %

3. Please provide a narrative description for each service provided shown below. Please indicate if compensation for such service is on a commission, fee, referral fee, or other basis.

Type of Service (please describe)*	Service Provided	Compensation
Prepare Financial/Estate Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Fee <input type="checkbox"/> Referral Fee <input type="checkbox"/> Other (explain):
Recommend specific investments (stocks, mutual funds, bonds etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Fee <input type="checkbox"/> Referral Fee <input type="checkbox"/> Other (explain):
Discretionary Asset Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Fee <input type="checkbox"/> Referral Fee <input type="checkbox"/> Other (explain):
Non-Discretionary Asset Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Fee <input type="checkbox"/> Referral Fee <input type="checkbox"/> Other (explain):
Portfolio Management Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Fee <input type="checkbox"/> Referral Fee <input type="checkbox"/> Other (explain):
Business Valuation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Fee <input type="checkbox"/> Referral Fee <input type="checkbox"/> Other (explain):
Conduct Investment Transactions for Clients	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Fee <input type="checkbox"/> Referral Fee <input type="checkbox"/> Other (explain):
Recommend or Sell any Life and Health Insurance Products (including variable and fixed annuities):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Fee <input type="checkbox"/> Referral Fee <input type="checkbox"/> Other (explain):
Recommend or Sell any Property and Casualty Insurance Products	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Fee <input type="checkbox"/> Referral Fee <input type="checkbox"/> Other (explain):
Assist in the Buying or Selling of Real Estate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Fee <input type="checkbox"/> Referral Fee <input type="checkbox"/> Other (explain):
Other Financial Planning or Investment Advice	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commission <input type="checkbox"/> Fee <input type="checkbox"/> Referral Fee <input type="checkbox"/> Other (explain):

*Describe:

4. Please indicate which products you recommend, refer, manage, or sell and estimate the percentage of revenue derived from these activities.

Products	Service Provided	Percentage of Revenue by Group
Group I		
▪ Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
▪ Fixed Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No	
▪ Variable Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No	
▪ Life/Health/Disability/ Accident Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Group II		
▪ Listed Stocks and Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
▪ Property/Casualty Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Group III		
▪ Unlisted Stocks and Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
▪ Options and Futures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
▪ Foreign Securities	<input type="checkbox"/> Yes <input type="checkbox"/> No	
▪ REITs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
▪ Private Placements	<input type="checkbox"/> Yes <input type="checkbox"/> No	
▪ General Limited Partnerships	<input type="checkbox"/> Yes <input type="checkbox"/> No	
▪ Viatical or Life Settlement Agreements	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Group IV		
▪ 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	

5. Please provide the name and credentials of any owner, officer, or employee, who in the last five (5) years has been registered or qualified with the SEC, NASD or a state securities agency as an investment advisor, or supervised person of an investment advisor, or registered representative of a securities broker/dealer.

Name of Owner, Officer, or Employee	Current Credentials (i.e. CFP, CFA, RIA)	Agency of Registration

6. Are any of the professionals shown above a Registered Representative of a broker/dealer? Yes No
If "Yes",

a. Please provide the name of the broker/dealer:

b. Does the broker/dealer provide your firm with errors and omissions coverage? Yes No

If "Yes", what are the limits of liability? \$

7. What year did investment advisory operations begin?

8. Does your firm have a contractual relationship with a securities broker/dealer? Yes No
If "Yes", please complete the following chart:

Name of Broker/Dealer	Services Provided	Relationship	Does Broker/Dealer Provide Errors and Omissions Coverage To You or Your Employee
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

9. a. Do the employees providing these services complete the required CPE? Yes No
- b. Please complete the following chart for each employee providing these services.

Name of Employee	Experience Providing Services	CPE Courses Completed Last 12 Months

10. Are any of your employees an agent for a life insurance company or agency, or a licensed accident/disability/life/health insurance agent/broker/producer? Yes No
 If "Yes", please complete the following chart for such employee.

Name of Employee	Annual Premium Volume	Annual Commissions	Number of Policies

11. Does each accident/disability/life/health insurance agent/broker/producer have errors and omissions insurance? Yes No
 If "Yes", please submit a copy of the current Declarations page for each agent/broker/producer.

12. Are you a registered investment adviser? Yes No
 If "Yes", please provide résumés for each individual providing services as an investment adviser.

13. Do any of your employees have professional qualifications specific to financial planning? Yes No
 If "Yes", please complete the following chart for such employee(s).

Name of Employee	Qualifications

14. Do you invest client funds in limited partnerships or other investments in which you have a financial or other interest? Yes No
 Do you require a signed engagement letter or contract updated annually describing the client's investment goal and the services you will perform? Yes No

15. Do you have a written procedure requiring the preservation of written records of the factual source and verification made by the firm in connection with client investments, objective returns and risk tolerance? Yes No

16. Do you ever accept percentages of business transactions as compensation for accounting services? Yes No

17. Do you guarantee, in any way, a predetermined return on investments to clients? Yes No

18. Within the past two (2) years have you recommended to your clients any non-public investments? Yes No

19. Do you, as a fiduciary or advisor to an ERISA plan, recommend investments or mutual funds to which you provide other accounting services or acts as an officer or director? Yes No

20. Do you have established procedures, and a system in place to apply such procedures, which would reasonably be expected to prevent and detect insider trading and any violations of the 1988 Insider Trading Act? Yes No

21. Please provide the total asset value of all accounts managed for your current and previous years.

Current Year	\$
Previous Year	\$

22. Please provide:

The number of accounts lost during last twelve (12) months	\$
The corresponding asset value	\$

23. As part of the training provided to those who provide investment advice or sales of securities business to your clients, is there regular training on:

- a. Required compliance policies? Yes No
- b. Federal securities laws? Yes No
- c. Self-regulatory organization (SRO) rules? Yes No
- d. NASD Conduct Rule 2310? Yes No

24. Please provide the following for each investment adviser in your firm.

Name of Employee	ADV Number	Date Approved

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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