



- Instructions:**
- If the space allotted is not adequate, provide details as a separate attachment;
  - Complete, sign and date the supplement in ink.

**Life, Mutual Fund and/or Financial Products Supplement**

1. Applicant Name: \_\_\_\_\_

2. What is Applicant's total annual revenue derived from sale/servicing of life and financial products? \$ \_\_\_\_\_

3. What % of the above revenues are generated from:

Life:	_____ %	Private Placements:	_____
HMP/PPO/Health:	_____	Unit Investment Trusts:	_____
Disability:	_____	Derivatives:	_____
Long-term Care:	_____	Options Contracts:	_____
Fixed Annuity:	_____	Futures:	_____
Employee Benefit Plans:	_____	TPA for Employee Benefit/Pension Plans:	_____
Pension & Profit Sharing Plans:	_____	Structured Settlements	_____
Variable Annuities:	_____	Fee based Financial Planning	_____
Mutual Funds:	_____	Registered Investment Adviser	_____
Bonds:	_____	Other (provide details if > 5%)	_____
Listed & OTC Stocks:	_____	<b>Total:</b>	<b>100%</b>

4. List the top 5 Life companies Applicant places insurance with:

Company Name	Directly Placed	Years Represented	Admitted	% of Income	Best's Rating
_____	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 <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 <input type="checkbox"/>	_____ %	_____

5. What Broker/Dealer Organizations does the Applicant or anyone in the organization do business with?

Broker/Dealer Name	City	State	B/D Purchase E&O
_____	_____	_____	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"/>

6. List insurance carriers and/or Broker/Dealer Organizations with whom the Applicant (or predecessors or individuals) contracts have been terminated within the last 5 years.

Company or Broker/Dealer Name	Brief description of reason for termination
_____	_____
_____	_____
_____	_____

7. Do all the Broker/Dealers listed above provide regular training on:
- Compliance policies required by the Broker/Dealer? Yes  No
- Federal Securities Laws? Yes  No
- NASD Conduct Rules? Yes  No

8. When was the last compliance and suitability review completed on the Applicant by each Broker/Dealer Listed above?

Broker/Dealer Name	MM/DD/YYYY	Broker/Dealer Name	MM/DD/YYYY
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9. Does Applicant keep a customer complaint log? ..... Yes  No
10. Does Applicant route all complaints to the Complaint Officer at the appropriate Broker/Dealer? ..... Yes  No
11. Does Applicant assume responsibilities to notify terminated employees of Life and A&H benefits rights under COBRA? ..... Yes  No
12. Do Applicant's marketing materials and illustrations conform to NAIC Model Regulations? ..... Yes  No
13. Do Applicant's annuity marketing materials and illustrations conform to NAVA Guidelines? ..... Yes  No
14. Does Applicant or anyone in the organization have ownership interest in a Broker/Dealer organization? Yes  No

*If yes, provide a description of the Broker/Dealer and ownership interest.*

15. What Registered Representative licenses are held in Applicant's office?

Check if license held	# of employees
<input type="checkbox"/> Series 6	_____
<input type="checkbox"/> Series 7	_____
<input type="checkbox"/> Series 24	_____
<input type="checkbox"/> RIA	_____
<input type="checkbox"/> Other _____	_____

**Policy Coverage Desired**

16. What add-on coverage is desired?

Life, Annuities and Mutual Funds

**or**

Life, Annuities and Mutual Funds, Other Investment/Financial Products

17. Sublimits of Liability desired: Per Claim \$ \_\_\_\_\_ Policy Aggregate \$ \_\_\_\_\_

18. Does Applicant desire Prior Acts coverage? ..... Yes  No

If yes, what is the date of Applicant's earliest Life E&O policy(s) continuously in place? \_\_\_\_\_

I understand that the information submitted in this supplement becomes a part of my E&O application and is subject to the same warranties and conditions.

Signature	Date
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Supplement must be signed by an owner, officer, partner or principal of the Applicant