

**Gotham Insurance Company**

FinRepsm

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.*

New York policyholders: This policy is written on a claims-made basis and unless otherwise states on the Declarations Page, contains no coverage for claims arising out of incidents, occurrences or alleged wrongful acts which took place prior to the retroactive date stated on the Declarations Page. This policy covers only claims actually made against the insured while the policy remains in effect and all coverage under the policy ceases upon the termination of the policy, except for the Automatic Extended Reporting Period coverage, unless the insured purchases Additional Extended Reporting Period coverage.

There may be coverage gaps that may arise upon expiration of such extended reporting period. During the first several years of the claims-made relationship, claims-made rates are comparatively lower than occurrence rates, and you can expect substantial increases, independent of overall rate level increases, until the claims-made relationship reaches maturity. The premium charged for the Additional Extended Reporting Period coverage is based on a percentage of the premium stated herein and provides a variety of additional time periods in which to report claims.

**WARNING – COLORADO, FLORIDA, HAWAII, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, PENNSYLVANIA, VIRGINIA AND WASHINGTON RESIDENTS ONLY.**

Any person who knowingly and with intent to defraud any insurance company or other person files an application or supplemental application, questionnaire or similar document 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 may be subject to fines and confinement in prison **(for New York residents only:** 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**). (For Colorado residents only:** Any insurance company or agent of an insurance company who knowingly provide 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 settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance with the Department Regulatory Authority Agencies**). (For Hawaii residents only:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss is a crime punishable by fines or imprisonment, or both**). (For Louisiana residents only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss 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). **(For Washington residents only:** 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).

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:

Name of firm: Date of formation or # of professional staff % of firm annual billings

Transaction: that joined **you**: assigned to **you**:

                 

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 notcovered 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 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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1. 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 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 any of **you** has an ownership interest? | Yes  No |
| (iii) advise clients to invest in any enterprise in which another client an ownership interest? | Yes  No |
| (iv) act as advisor to an organization in which **you** have an ownership interest? | Yes  No |

(b) Do any of **you** have an ownership 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 which is also 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 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 | % |  | Nature Of Practice | **%** |
| Asset Monitoring (No Limited Power of Attorney to Direct Trades) |  |  | Discretionary Asset Management - Individual (LPOA) |  |
| Discretionary Asset Management - ERISA (LPOA) |  |  | Investment Management Consulting (No LPOA) |  |
| Divorce Financial Consulting |  |  | Third Party Pension Administration (not claims) |  |
| Non-Discretionary Asset Management (LPOA with Prior Consent) |  |  | Timing Services |  |
| Hourly Advice |  |  | Product Sales Not Based On Financial Plan |  |
| Modular/Comprehensive Financial Plan Preparation/Advice |  |  | Tax Preparation |  |
| Product Sales Based On Financial Plan |  |  | Accounting Services Other Than Tax Preparation |  |
| Referral To Third Party Managers |  |  | Other: |  |
| Wrap Accounts |  |  | Other: |  |

10. As an advisor, do **you** provide adviceon, 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 | % |  | Type Of Investment | **%** |
| Private Placements |  |  | Unrated Bonds |  |
| Commodity Futures |  |  | Options Contracts |  |
| Promissory Notes |  |  | Unregistered Securities |  |
| Tangibles (gold, silver, collectibles, coins, etc.) |  |  | Foreign Securities Excluding ADR’s |  |
| Hedge Funds/Fund of Hedge Funds |  |  | General or Limited Partnerships |  |
| Mortgages, mortgage pools, mortgage backed securities |  |  | Derivative Instruments |  |
| REITS Privately Traded |  |  | Other: |  |
| Investment Related Real Estate |  |  |  |  |

11. Do **you** receive commissions?  Yes  No

If Yes, provide a breakdown of total commission income by percent. Must equal 100%

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type Of Product | % |  | Type Of Product | % |
| Mutual Funds |  |  | CMO’s/Derivatives |  |
| Variable Annuities |  |  | Foreign Securities (excl. ADR’S) |  |
| Life/Health/Disability/Accident Sales/Long Term Care |  |  | Hedge Funds or Fund of Hedge Funds |  |
| Listed Stocks |  |  | General or Limited Partnerships |  |
| Investment Grade Bonds |  |  | Unregistered Securities |  |
| Promissory Notes/Leases/Receivables |  |  | Unlisted Stocks |  |
| Private Placements |  |  | Junk Bonds |  |
| REITS other than REIT Mutual Funds |  |  | Subprime Mortgages or Subprime CMO’s of CDO’s |  |
| Options/Futures/Tangibles |  |  | Viatical Agreements/Senior Settlements/Life Settlements |  |

12. Please provide a breakdown of the types of investments that in the past 12 months **you** have sold to clients, or about which **you** have provided advice to clients

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type Of Investments | % |  | Type Of Investments | % |
| Exchange listed securities |  |  | US Government Securities |  |
| Over the counter securities |  |  | Options contracts - Securities |  |
| Foreign issue securities |  |  | Options contracts Commodities |  |
| Warrants |  |  | Futures contracts - tangibles |  |
| Corporate debt securities (not commercial paper) |  |  | Futures contracts - intangibles |  |
| Commercial paper |  |  | Real Estate Partnerships |  |
| Municipal securities |  |  | Oil and Gas Partnerships |  |
| Variable life insurance |  |  | Other Partnerships (explain): |  |
| Variable annuities |  |  | Other Investments (explain |  |
| Mutual fund shares |  |  |  |  |

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

14. Do **you** provide personal management services (e.g. sports management or bill paying, etc.) to any

professional entertainers, celebrities, athletes and musicians?  Yes  No

15. Is any advisory client aninvestment company (mutual fund), REIT, limited partnership or private placement?

Yes  No

If “Yes” provide details on a separate sheet.If “Yes”, do **you** agree to notify the insurance company

within thirty (30) days if **you** commences to provide advisory services to such a client?  Yes  No

16. Do **you** have an employee dishonesty insurance policy or bond, which covers theft of client funds?  Yes  No

17. Have **you** or any associated professional ever:

|  |  |
| --- | --- |
| (a) Had a professional license or registration denied, suspended, revoked, nonrenewed 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, 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) Been convicted of a felony? | 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” provide details on a separate sheet.

18. 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.

19. 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.

20. 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.

21. (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:

22. 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? | Yes  No |
| (b) Have Limited Power of Attorney to direct trades in the client’s account? If Yes: please answer: | Yes  No |
| **You** use full discretion to trade without prior consent of the client. |  |
| **You** use discretion to trade within an Investment Policy Statement or written parameters. |
| **You** decline to exercise discretion and obtains 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 **you** have power to withdraw/disburse funds in the account? | Yes  No |
| (d) Custodians:  Fidelity  TD Ameritrade  Schwab  Pershing  FISERV  Assetmark  NATC  SSG  Other: | |

23. 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 |  |  | $ | $ |
| Discretionary All Other Accounts |  |  | $ | $ |
|  |  |  |  |  |
| Total All Accounts |  |  | $ | $ |

24. FORM ADV DISCLOSURES

|  |  |
| --- | --- |
| (a) Is **your** Form ADV Part I as filed and dated on the SEC IARD a current and accurate disclosure of **you** as of the date of this application? If not SEC IARD filed, provide complete Form ADV Part I in paper format. | Yes  No  Not IARD filed |
| (b) Is **your** Form ADV Part II including schedules as filed and dated on the SEC IARD a current and accurate disclosure **you** as of the date of this application? If not SEC IARD filed, provide complete Form ADV Part II in paper format. | Yes  No  Not IARD filed |
| (c) Do **you** agree to notify **us** of any change to facts presented in the Application between the date of Application and the effective date of coverage? | Yes  No |

25. 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 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

26. 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.

1. 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

1. 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.

29. 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.

30. REQUESTED LIMITS AND DEDUCTIBLES

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **PER CLAIM/AGGREGATE LIMITS REQUESTED** | | |  | **DEDUCTIBLE REQUESTED\*** | | |
|  | $ 100,000/$ 200,000 |  | $ 1,000,000/$2,000,000 |  | $1,000 |  | $5,000 |
|  | $ 250,000/$500,000 |  | $ 2,000,000/$2,000,000 |  | $2,000 |  | $10,000 |
|  | $ 500,000/$1,000,000 |  | Higher Limits: |  | $3,000 |  | $15,000 |
|  | $ 1,000,000/$1,000,000 |  |  |  | $4,000 |  | $25,000 |

31. Name of **your** law firm:

Contact name: Telephone #:

32. Name of **your** accounting firm:

Contact name: Telephone #:

**NEW BUSINESS APPLICANTS ONLY:**

If **you** require prior acts coverage and has maintained continuousclaims 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 I. **NOTE** Part I must be a current and accurate disclosure of the Applicant.

unless **you** have filed the documents electronically with IARD.

Form ADV Part II and all Schedules. **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.

FRAUD PREVENTION - GENERAL WARNING

NOTICE: Any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

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 CALIFORNIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 or any supplemental application, questionnaire or similar document containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO IDAHO APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO INDIANA APPLICANTS: Any person who knowingly and with the intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the 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 MAINE APPLICANTS: It is a crime to provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MICHIGAN APPLICANTS: Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete or misleading information shall upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to $5,000.

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

NOTICE TO NEVADA APPLICANTS: Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

NOTICE TO NEW HAMPSHIRE APPLICANTS: Any person who, with purpose to injure, defraud or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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 LOUISIANA AND 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: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claims 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.

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: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any fact 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.

NOTICE TO TENNESSEE & 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.

I agree that signing this form will permit Hunt Jorgensen, LLC as managers for **Advisers***Gold*™ 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:

\*SIGNING THIS FORM DOES NOT BIND **YOU** OR **US** TO COMPLETE THE INSURANCE.

Agent:

Producer:       License Number: