



**FINANCIAL PLANNERS ADDENDUM TO APPLICATION**

Name of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Name of Partners, Principals, Producers, Independent Contractors selling Life/Accident/Health products	Title	Type of License	Date Licensed	# of Years of Related Experience

1. Investment Income

List the total gross receipts for the past twelve months derived from the sales of the following products and/or activities:

Fixed Annuities \$ \_\_\_\_\_  
 Variable Annuities \$ \_\_\_\_\_  
 Mutual Funds \$ \_\_\_\_\_  
 Stocks \$ \_\_\_\_\_  
 Bonds \$ \_\_\_\_\_  
 Commodities \$ \_\_\_\_\_  
 Financial Plans for a fee \$ \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_

2. Do you have discretionary control of any client's assets? Yes No  
 If yes, indicate the number of clients and the value of assets controlled: \_\_\_\_\_

3. Are you involved in the sale of structured settlement annuities? Yes No

4. Do you have any involvement in the development or solicitation of general or limited partnerships? Yes No  
 If yes, provide full details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS PART OF THE PROFESSIONAL LIABILITY APPLICATION FOR CLAIMS-MADE INSURANCE. THIS SUPPLEMENT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE IN THE GENERAL APPLICATION.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative

