

**PROFESSIONAL LIABILITY INSURANCE PROGRAM SPONSORED BY FINANCIAL SERVICES INSURANCE PURCHASING GROUP  
RENEWAL**

APPLICATION FOR "CLAIMS-MADE" and "REPORTED" E&O INSURANCE FOR LIFE INSURANCE AGENTS AND **SERIES 6** REGISTERED REPRESENTATIVES

E&O Plan Sponsor and Administrator: Financial Services Insurance Association 2685 Marine Way, Suite 1408 Mountain View, California 94043 License # 0B53955	(650) 428-0818 Tele. (650) 428-0860 Fax (800) 310-4486 Toll Free financialservices@prosurancegroup.com	Underwritten by one of the following insurance companies: Scottsdale Insurance Company, Ohio Scottsdale Indemnity Company, Ohio Scottsdale Surplus Lines Insurance Company, Arizona
---	---	--

The undersigned, hereinafter referred to as **Applicant**, hereby makes application for "claims-made" and "reported" Professional Liability E&O Insurance coverage and in connection therewith furnishes Scottsdale Indemnity Company ("the Company") the following information.

<b>I. Applicant</b>			
Name:	Office Telephone:		
Mailing Address:	FAX Number:		
State/Zip	Insurance Licenses Held:	Securities Licenses Held:	Email:
Years of Experience:	<input type="checkbox"/> Life	<input type="checkbox"/> Series 6	Broker-Dealer:
	<input type="checkbox"/> Accident & Health	<input type="checkbox"/> Series 7	
	<input type="checkbox"/> Other - Specify:	<input type="checkbox"/> Other - Specify:	

<b>II. Insurance Coverage</b>				
2a. Current Professional Liability Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No			2b. Requested Policy Inception Date:	
	2c. Choose Desired Coverage and Limits:		\$500,000	\$1,000,000
Inception Date: _____	Fixed Products Only <b>w/revenue of \$0 to \$250,000</b> Cost	<input type="checkbox"/>	\$810	<input type="checkbox"/> \$965
	Fixed Products Only <b>w/revenue \$250,001 to \$500,000</b> Cost	<input type="checkbox"/>	\$1,325	<input type="checkbox"/> \$1,595
Retroactive Date: _____	Fixed Products Only <b>w/revenue \$500,001 to \$1,000,000</b> Cost	<input type="checkbox"/>	\$1,975	<input type="checkbox"/> \$2,375
	Fixed & Variable Prod. & Mutual Funds <b>w/revenue of \$0 to \$250,000</b> Cost	<input type="checkbox"/>	\$965	<input type="checkbox"/> \$1,175
Activities Covered:	Fixed & Variable Prod. and Mutual Funds <b>w/revenue \$250,001 to \$500,000</b> Cost	<input type="checkbox"/>	\$1,595	<input type="checkbox"/> \$1,975
	Fixed & Variable Prod. and Mutual Funds <b>w/revenue \$500,001 to \$1,000,000</b> Cost	<input type="checkbox"/>	\$2,375	<input type="checkbox"/> \$2,925

<b>III. Revenue</b>			
3a. List <b>Applicant's</b> gross revenue for the past year and estimates for the current year and next year:			
Prior Year:	Current Year:	Next Year:	
3b. Split <b>Applicant's</b> estimated current year's gross revenue into percentages by the following categories as indicated:			
Fixed Insurance & Annuity Sales:		Securities Sales:	
Fixed Life Insurance and Annuities:	_____ %	Mutual Fund Sales:	_____ %
Accident and Health Insurance:	_____ %	Variable Life Insurance & Variable Annuity Sales:	_____ %
Sub Total:	_____ %	Other Security Sales:	_____ %
Other Products and Services (Describe):	_____ %	Sub Total:	_____ %
_____	_____ %	Total:	100 %

<b>IV. Claims and Complaints</b> (If any of the following are answered "yes", you may not be eligible for the Program. Provide complete explanations in Section VI.)	
4a. Has any claim, suit or arbitration for alleged malpractice, error, omission, mistake or other wrongful acts been made against <b>Applicant</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4b. After a review of <b>Applicant's</b> records, does <b>Applicant</b> have any knowledge or information of any fact situation, allegation or incident which may result in a complaint, claim, suit or arbitration against <b>Applicant</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4c. Is <b>Applicant</b> aware of or involved in any fee dispute with a client?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>V. Disciplinary Action</b> (If any of the following are answered "yes", you may not be eligible for the Program. Provide complete explanations in Section VI.)	
5a. Has any professional license or registration of <b>Applicant</b> ever been denied, suspended, revoked, non-renewed or restricted in any way?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5b. Has <b>Applicant</b> ever been disciplined, fined, or suspended by the SEC, NASD, a state securities, corporation or insurance department or other regulatory body, or formally reprimanded by any court or administrative agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5c. Has any complaint ever been filed against <b>Applicant</b> with a consumer agency, <b>Applicant's</b> broker/dealer, the SEC, NASD, a state insurance, corporation or securities department or other regulatory body? Is <b>Applicant</b> currently under investigation by any of these authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5d. Has <b>Applicant</b> ever been formally accused of violating any professional association's code of ethics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5e. Has <b>Applicant</b> ever been convicted of a criminal offense other than minor traffic violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

