Quick Quote Form – Financial Institution Professional Liability Insurance

Return via email to nweiner@varneyagency.com

Polaris Compliance Consulting, LLC

VARNEY
INSURANCE & BONDING

Contact Information

Applicant Firm Insured: _____

Contact Person: _____   Email: _____

Address: _____

City: _____   State: _____   Zip: _____

Phone: _____   Fax: _____   Website: _____

Staff & Financials - Fiscal Year Ending _____

Fin. Adv.: _____   Support/Admin: _____

Total Gross Ann. Rev. $ _____
(Derived from financial planning, advisory activities, commissions and/or product sales)

Fee Only Rev. _____ %   Comm. Only Rev. _____ %
(Total % of Revenue must equal 100%)

Assets Under Management   Assets Under Advisement:

Non-Discretionary: _____
Discretionary: _____

In Regards to the Past (5) Years of Business

Do you direct trades in client's custodial accounts?
☐ Yes   ☐ No

Do you have an employee dishonesty insurance policy or bond which covers theft of client funds?
☐ Yes   ☐ No

Do you provide advice on, recommend or use alternative investments?   ☐ Yes   ☐ No

If yes, please explain: _____

_____

Has any professional liability claim(s), complaint or proceeding been made against you?
☐ Yes   ☐ No

Designations or Associations: _____

_____

Current E&O Liability Insurance Information

Carrier: _____   Exp. Date: _____   Retro Date: _____

Limits of Liability   Per Claim: $ _____   Aggregate: $ _____

Deductible Amount: $ _____
Annual Premium: $ _____

☐ Through Broker/Dealer
☐ Stand Alone Policy
☐ Includes Coverage for Acts as a Fiduciary

Areas of Practice
Express in whole percentages of gross revenue.

Area of Practice	%
Modular/Comprehensive Financial Planning/ Preparation/Arbitration	
Divorce Financial Consulting	
Discretionary Asset Mngmnt – ERISA (LPOA)	
Discretionary Asset Mngmnt – Ind. (LPOA)	
Non-Discretionary Asset Management (LPOA with Prior Consent)	
Referral To Third Party Managers	
Asset Monitoring (No LPOA to Direct Trades)	
Product Sales Based On Financial Plan	
Product Sales Not Based On Financial Plan	
Publish Newsletters for Subscription or Fee	
Invest. Mngmnt or Pension/Benefit Consulting	
Hourly Advice	
Wrap Accounts	
Tax Preparation	
Accounting Services (other than tax prep)	
Seminars/Education	
Third Party Pension Administration	
Timing Services	
Other **	
Total Must Equal →	100%

** Use this area to describe any specifics regarding your firm's areas of practice: _____

_____

Please attach a copy of your current Insurance Declarations Page with this application/questionnaire.

Signature: _____   Date: _____