LOCKTON AFFINITY Professional

Professional Liability
Quick Quote Application for Financial Professionals

Submit by Email | Print Form

Applicant Information	
Applicant Firm Name: ______	Contact Person: ______
Street Address: ______	City: ______ ST: ______ Zip: ______
Phone: ______	Fax: ______
Email: ______	Website: ______
How did you hear about us: ______	Have you spoken with a Lockton Affinity broker? ☐ Yes ☐ No If yes, who? ______

Provide professional services by approximate percentage (must add up to 100%).

Nature of Practice	%	Nature of Practice	%
Modular/Comprehensive Financial Planning/ Preparation/Arbitration		Investment Management or Pension/Benefit Consulting	
Divorce Financial Consulting		Hourly Advice	
Discretionary Asset Management – ERISA (LPOA)		Wrap Accounts	
Discretionary Asset Management – Individual (LPOA)		Tax Preparation	
Non-Discretionary Asset Management (LPOA with Prior Consent)		Accounting Services Other Than Tax Preparation	
Referral To Third Party Managers		Seminars/Education	
Asset Monitoring (No LPOA to Direct Trades)		Third Party Pension Administration	
Product Sales Based On Financial Plan		Timing Services	
Product Sales Not Based On Financial Plan		Other:	
Publish Newsletters for Subscription or Fee			

Provide gross annual revenues derived from Financial Planning, Advisory Activities, Commissions and/or Product Sales.

Year Annual	Total Gross Revenues (100%)	% Fee Only Revenues	% Commission Revenues	Number of Financial Advisors
Last Year 20______	$ ______	______%	______%	______

1. Do **you** direct trades in client's custodial accounts?: ☐ Yes ☐ No

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

3. As an advisor, do **you** provide advice on, recommend or use alternative investments?: ☐ Yes ☐ No
   If yes, please explain: ______

4. Has any professional liability claim(s), complaint or proceeding been made against you?: ☐ Yes ☐ No
   If yes, please provide complete details in the Additional Information section.

5. Please Designations and/or Associations: ______

Do you currently have Financial Professional liability Insurance?: ☐ **Yes** ☐ **No** If yes, complete the following section.

Current Policy Information		
Effective Date: ______	Limit: $ ______	Premium: $ ______
Retroactive Date: ______	Deductible: $ ______	Insurance Company: ______
Coverage Is: ☐ Through Broker/Dealer	☐ Stand Alone Policy	☐ Includes coverage for acts as a fiduciary

Have you had any claims in the last 5 years?: ☐ Yes ☐ No

Additional information that may help us with your Quick Quote: ______

______

6.15

Office use ______