NAVIGATORS INSURANCE COMPANY

ACCOUNTANTS PROFESSIONAL LIABILITY

SUPPLEMENT 5 – FINANCIAL ADVISORY SUPPLEMENT

Applicant:_____

Has the Applicant formed a separate business entity to provide Financial Advisory Services? ☐ YES ☐ NO

*If "Yes", please describe*_____

1. Does the Applicant have a contractual relationship with a securities broker or dealer? ☐ YES ☐ NO
If "Yes", please provide the name of the entity (ies), provide their CRD Number(s) and advise whether or not the Applicant or individual representatives are insured under the broker or dealer's professional liability policy.

Individual (s)	CRD Number	Separate Professional Liability Insurance?	Limits and Deductible
		☐ YES ☐ NO	
		☐ YES ☐ NO	
		☐ YES ☐ NO	

2. Is the Applicant registered as an investment advisor? ☐ YES ☐ NO
Please specify:

_____

3. Services include:

Nature of Services	Yes or No	Remuneration
Preparing Financial Plan	☐ YES ☐ NO	☐ COMMISSION ☐ FEE ☐ REFERRAL FEE ☐ OTHER
Discretionary Asset Management	☐ YES ☐ NO	☐ COMMISSION ☐ FEE ☐ REFERRAL FEE ☐ OTHER
Non-Discretionary Asset Management	☐ YES ☐ NO	☐ COMMISSION ☐ FEE ☐ REFERRAL FEE ☐ OTHER
Recommendation of individual mutual funds	☐ YES ☐ NO	☐ COMMISSION ☐ FEE ☐ REFERRAL FEE ☐ OTHER
Recommendation of individual stocks, bonds and other investments	☐ YES ☐ NO	☐ COMMISSION ☐ FEE ☐ REFERRAL FEE ☐ OTHER
Place insurance coverage or annuities	☐ YES ☐ NO	☐ COMMISSION ☐ FEE ☐ REFERRAL FEE ☐ OTHER
Discretionary Authority to invest client funds	☐ YES ☐ NO	☐ COMMISSION ☐ FEE ☐ REFERRAL FEE ☐ OTHER

4. Within the last 5 years has the Applicant invested client funds or recommended investments to any client (such recommendation being acted upon) in specific offerings in the following product areas:

Non-registered securities	☐ YES ☐ NO	Foreign Securities	☐ YES ☐ NO
Hedge funds	☐ YES ☐ NO	Tax Shelters	☐ YES ☐ NO
Derivatives	☐ YES ☐ NO	Annuities	☐ YES ☐ NO
Real Estate Investment Trusts	☐ YES ☐ NO	Private Placements	☐ YES ☐ NO
Options and Futures	☐ YES ☐ NO	Limited Partnerships	☐ YES ☐ NO
Viatical Agreements	☐ YES ☐ NO	Life/Health/Disability Insurance	☐ YES ☐ NO

5. For Asset Management Services please complete the following table:

	Current Year	**Last Year**
Non-Discretionary Asset Management – Total Funds	**$**	**$**
Number of Clients		
Discretionary Asset Management – Total Funds	**$**	**$**
Number of Clients		

6. Does the Applicant require a signed engagement letter or contract updated annually describing the client's investment goals, risk tolerance and services that will be provided? ☐ **YES** ☐ **NO**

I understand that the information submitted in this supplement becomes a part of my Accountants Professional Liability application and is subject to the same representations and conditions.

Print Name _____ Title _____

Signature _____ Date _____

INCOMPLETE, UNSIGNED OR UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION