

THE FINANCIAL SERVICES INSURANCE PROGRAM

For: Financial Planners, Investment Advisors, Life Insurance Agents and Registered Representatives

COMPLETE THE FOLLOWING QUESTIONNAIRE FOR A PREMIUM ESTIMATE

FAX OR MAIL TO:

PROSURANCE GROUP, INC.

2685 Marine Way, Ste 1408 Mountain View, CA 94043
(650) 428-0818 (800) 310-4486 (650) 428-0860 fax

Firm Name: _____ Year Established: _____
 Address: _____ Total # Professionals: _____
 City _____ County: _____ State: _____ Zip: _____
 Tele #: (____) _____ Fax #: (____) _____
 Email: _____

Type of Entity: Financial Planner Registered Investment Advisor Life Insurance Agent Registered Representative
 (Check all that apply) Other:

Limit of Liability Desired: \$ _____ Deductible: \$ _____

Split Revenues Into the Following Categories:		Last Fiscal Year: 200_____	
Commissions:			Total Assets Under Management
Mutual Funds, Variable Annuities and Variable Life Stocks, Bonds & Other Fixed Income Securities:	\$ _____		
Life Health, Disability Insurance & Fixed Annuities	\$ _____		
Other (describe): _____	\$ _____		
	Sub Total: \$ _____		
Fees:			
Financial Planning	\$ _____		\$ _____
Money Management – Non-discretionary	\$ _____		\$ _____
Money Management – Discretionary Mutual Funds Asset Allocation	\$ _____		\$ _____
Money Management – Full Discretion – All other Securities	\$ _____		\$ _____
Other (describe): _____	\$ _____		\$ _____
	Sub Total: \$ _____		
	TOTALS: \$ _____		
TOTAL PROJECTED REVENUE AND MANAGED ASSETS FOR FISCAL YEAR 20_____ \$ _____ \$ _____			

Has any claim, suit, or arbitration been made against the firm or its professionals? Yes No

Number of Closed Claims: _____ Amount Paid: \$ _____

Number of Open Claims: _____ Amount Reserved \$ _____

Has the firm been disciplined by any regulatory agency? Yes No

If yes: Agency: _____ Number of times: _____ Fines: _____

Current E&O Coverage? Yes No Insurer and Inception Date: _____

Limit of Liability: \$ _____ Deductible: \$ _____ Premium: \$ _____ Retroactive Date: _____

Current Bonds? Yes No If **yes**, list the type of Bonds, Premium, Inception Date, and Insurer of each Bond.

Bond #1: Type: _____ Premium: \$ _____ Inception Date: _____ Insurer: _____

Bond #2: Type: _____ Premium: \$ _____ Inception Date: _____ Insurer: _____

List any special requirements: _____

Signature _____ **Date:** _____