

THE FINANCIAL SERVICES INSURANCE PROGRAM

FOR A PREMIUM ESTIMATE,
 COMPLETE THE FOLLOWING QUESTIONNAIRE AND FAX OR MAIL TO:
 PROSURANCE GROUP, INC.
 2685 Marine Way, Suite 1408
 Mountain View, CA 94043
 (650) 428-0818 (800) 310-4486 FAX (650) 428-0860

FINANCIAL SERVICES QUESTIONNAIRE

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

Firm Name: _____ Year Established: _____
 Address: _____ Total # Professionals: _____
 City: _____ County: _____ State: _____ ZIP: _____
 Contact Name: _____ Title: _____
 Telephone Number: _____ Extension: _____ Fax Number: _____
 Type of Entity: (Check all that apply): Financial Planner Registered Investment Advisor Life Insurance Agent
 Registered Representative Other _____
 Limit of Liability Desired: _____ Deductible: _____

Split Revenues Into the Following Categories:	<i>Last Fiscal Year 20</i> _____	
		TOTAL ASSETS UNDER MANAGEMENT
Commissions:		
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: _____