

Securities Broker/Dealer and Registered Representative Professional Liability Supplemental Application

INSTRUCTIONS: Use this supplemental application to provide additional information on the investment options described below. Please sign this supplement and staple the completed form to the **Application**.

Named Insured/ Applicant: _____

Only complete those sections for which coverage is being sought.

A. Limited Partnerships

1. Does the Applicant currently maintain any limited partnerships on its approved product list? Yes No

- a. Number of proprietary limited partnerships offered _____
- b. Number of non-proprietary limited partnerships offered _____
- c. Total Dollar amount invested in limited partnerships _____

2. Does the Applicant utilize an outside Due Diligence Firm to review the limited partnerships? Yes No

3. Does the Applicant investigate the General Partners and managers of the limited partnership as part of its approval process? Yes No

4. Describe the Applicant's procedures for approving limited partnerships for its approved product list:

5. How frequently does the Applicant's review the financial strength/performance of each individual limited partnership it maintains on its approved product list? _____

6. Are limited partnerships only offered to accredited investors? Yes No
If no, please provide details on the Supplemental Information Form (S.I.F)

7. Describe any restrictions placed on a client's overall portfolio as to the percentage amount invested in limited partnerships?

8. What percentage of the Applicant's overall sales force sell limited partnerships? _____

9. What type of training does the Applicant's sales force receive with respect to limited partnerships?

10. Is the Applicant or any Registered Representative(s), together or independently, a shareholder of more than five (5) percent of any Limited Partnership sold over the last five (5) years? Yes No
If no, please provide details on the Supplemental Information Form (S.I.F)

11. Attachments

The following material must be attached to this signed and dated application. Please check off materials as attached.

- a. List of approved limited partnerships.
- b. Financials for the top 5 limited partnerships that represent the Applicant's greatest holdings
- c. Any suitability/disclosure forms or letters

B. Real Estate Investment Trusts (REITs)

1. Does the Applicant currently maintain any REITs on its approved product list? Yes No

- a. Number of proprietary REITs offered _____
- b. Number of non-proprietary REITs offered _____
- c. Total Dollar amount invested in REITs _____

2. Does the Applicant utilize an outside Due Diligence Firm to review the REITs? Yes No
3. Does the Applicant investigate the owners and managers of the REITs as part of its approval process? Yes No
4. Describe the Applicant's procedures for approving REITs for its approved product list:

5. How frequently does the Applicant's review the financial strength/performance of each individual REIT it maintains on its approved product list? _____
6. Are REITs only offered to accredited investors? Yes No
If no, please provide details on the Supplemental Information Form (S.I.F)
7. Describe any restrictions placed on a client's overall portfolio as to the percentage amount invested in REITs?

8. What percentage of the Applicant's overall sales force sell REITs? _____
9. What type of training does the Applicant's sales force receive with respect to REITs?

10. Is the Applicant or any Registered Representative(s), together or independently, a shareholder of more than five (5) percent of any REIT sold over the last five (5) years? Yes No
If no, please provide details on the Supplemental Information Form (S.I.F)

11. Attachments

The following material must be attached to this signed and dated application. Please check off materials as attached.

- a. List of approved REITs.
- b. Financials for the top 5 REITs that represent the Applicant's greatest holdings
- c. Any suitability/disclosure forms or letters

C. Direct Private Placements

1. Does the Applicant currently maintain any direct private placements on its approved product list? Yes No
 - a. Number of proprietary direct private placements offered _____
 - b. Number of non-proprietary direct private placements offered _____
 - c. Total Dollar amount invested in direct private placement _____
2. Does the Applicant utilize an outside Due Diligence Firm to review the direct private placements? Yes No
3. Does the Applicant investigate the owners and managers of the direct private placement as part of its approval process? Yes No
4. Describe the Applicant's procedures for approving direct private placements for its approved product list:

5. How frequently does the Applicant's review the financial strength/performance of each individual direct private placement it Maintains on its approved product list? _____
6. Are direct private placements only offered to accredited investors? Yes No
If no, please provide details on the Supplemental Information Form (S.I.F)
7. Describe any restrictions placed on a client's overall portfolio as to the percentage amount invested in direct private placements?

8. What percentage of the Applicant's overall sales force sell direct private placements? _____
9. What type of training does the Applicant's sales force receive with respect to direct private placements?

10. Is the Applicant or any Registered Representative(s), together or independently, a shareholder of more than five (5) percent of any direct private placement sold over the last five (5) years? Yes No
If no, please provide details on the Supplemental Information Form (S.I.F)

11. Attachments

The following material must be attached to this signed and dated application. Please check off materials as attached.

- a. List of approved direct private placements.
- b. Financials for the top 5 direct private placements that represent the Applicant's greatest holdings
- c. Any suitability/disclosure forms or letters

D. 1031 Exchange and Tenant and Common Transactions

1. Does the Applicant currently approve 1031 exchange and tenant and common transactions? Yes No

2. Describe the Applicant's procedures for approving 1031 exchange and tenant and common transactions:

3. What percentage of the Applicant's overall sales force transacts 1031 exchange and tenant and common transactions?

4. What type of training does the Applicant's sales force receive with respect to 1031 exchange and tenant and common transactions?

5. Attachments

The following material must be attached to this signed and dated application. Please check off materials as attached.

- a. Any suitability/disclosure forms or letters

E. 1035 Exchanges

1. Does the Applicant currently approve 1035 exchange transactions? Yes No

2. What type of training does the Applicant's sales force receive with respect to 1035 exchange transactions?

3. Does the Applicant require its registered representatives to provide a reason for executing the exchange? Yes No

4. Attachments

The following material must be attached to this signed and dated application. Please check off materials as attached.

- a. 1035 Exchange Form

F. Discretionary Authority

1. Does the Applicant currently approve the use of discretionary authority? Yes No

- a. Total Number of accounts where discretionary authority is granted _____
- b. Total assets value of discretionary accounts _____
- c. Total Number of registered representatives who have discretionary authority _____

2. For which type of products will the Applicant's sales force be exercising discretionary authority?

3. What type of training does the Applicant's sales force receive with respect to discretionary authority?

4. What is the experience level of those registered representatives who are granted discretionary authority?

5. Attachments

The following material must be attached to this signed and dated application. Please check off materials as attached.

a. Contract between registered representative and client granting discretionary authority

SIGNED: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

Supplemental Information Form (S.I.F.)

Instructions: Use this form to provide additional information or request descriptions or explanations necessary to provide a true and complete response to all questions, statements or requests for information contained in the Application. Please identify the number of each question or statement on the Application to which your responses relate. If necessary, make additional copies of this form. Please sign all forms and staple the completed forms to the Application.

Date: _____

Signed: _____