



McGOWAN RISK SPECIALISTS
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 mcgowanrisk.com

General Information

1. Company Name (Applicant) _____
 Street _____
 City _____ State _____ Zip _____
 Telephone: _____ Fax _____
 Email Address _____
 Website: _____

2. Please list the states in which the Applicant provides services.

3. Year established _____

4. Does the applicant have a parent? Yes No

If Yes, please provide:

Parent Company Name _____

Parent Company Address _____

5. Does the applicant have any subsidiaries? Yes No

If Yes, please provide:

Subsidiary Name

Coverage Desired?

Yes No

Yes No

Yes No

Producer Information

6. Number of Producers

Category	Current Year	Next Year
Full Time Producers		
Part Time Producers		

7. How many producers are licensed as:

Series 6: _____

Series 22: _____

Series 7: _____

Series 24/27: _____

Series 11: _____

Other: _____

8. How many Producers are:

Employees (W2's): _____

Independent Contractors (1099's): _____

If there are any 1099's, how many are domiciled or have their principal place of business In New York state? _____

Revenue

9. Annual revenues from all sources.

Year	Annual Total Gross Revenues (100%)	% Commission Revenues	% Fee Only Revenues
Last year 20__	\$ _____	% _____	% _____
Present Year 20____	\$ _____	% _____	% _____
Projected for Next Year 20____	\$ _____	% _____	% _____

Financial and Product / Service Information

10. Please set forth the percentage of revenue which is derived from the following services:

% _____ Full Services Securities Brokerage	% _____ Registered Investment Advisory Services	% _____ Other. Please specify _____ _____
% _____ Discount Securities Brokerage	% _____ Underwriting (Public ____ Private _____)	_____
% _____ Life, Accident, Health Disability Insurance	% _____ Market Making / Specialist Activity	% _____ Please confirm that product percentages total 100% by putting 100% in the line to the left.
% _____ Financial Planning		

11. Please set forth the percentage of revenue which are derived from the following products:

% _____ Total Stocks	% _____ Unregistered Securities	% _____ Structured Financial Products
% _____ Listed Stocks	% _____ Stocks & Bonds	% _____ Asset / Mortgage
% _____ Unlisted Stocks	% _____ Limited	% _____ Backed Securities
% _____ Penny (unlisted and trading for less than \$5)	% _____ Partnerships	% _____ Collateralized
	% _____ Unregistered Private REITS	% _____ Mortgage / Debt Obligations
% _____ Total Bonds	% _____ Private Placements	% _____ Other. Please specify
% _____ Investment Grade	% _____ IRS Section 1035 Exchanges	_____
% _____ "Junk"		_____
% _____ Mutual Funds	% _____ Private Equity	_____
% _____ Hedge Funds	% _____ Derivatives	% _____ Commercial Paper
% _____ Other	% _____ Option Contracts (other than covered calls)	% _____ Life or Viatical Settlements
% _____ Registered Public Real Estate Investment Trusts (REITS)	% _____ Warrants	% _____ Proprietary Financial Products
% _____ Limited Partnerships	% _____ Future Contracts (Commodities, Currency, etc.)	% _____ Please confirm that product percentages total 100% by putting 100% in the line to the left.
% _____ Equity Indexed Annuities		
% _____ Variable Annuities	% _____ Other. Please specify.	
% _____ Fixed Annuities	_____	
% _____ Fixed Life Insurance	_____	
% _____ Individual	_____	
% _____ Group	_____	
% _____ Health, Accident, Disability Insurance	_____	
% _____ Individual	_____	
% _____ Group	_____	

Certain Non-Conventional Financial Products

12. Does applicant seek coverage for the sale or servicing of any of the following financial products: Yes No
 If Yes, please mark the appropriate box and complete the relevant supplemental application.

<input type="checkbox"/> Unregistered Private Real Estate Investment Trusts and / or Limited Partnerships	<input type="checkbox"/> Life or Viatical Settlements
<input type="checkbox"/> Direct Private Placements	<input type="checkbox"/> Other - Please specify. _____
<input type="checkbox"/> IRS Section 1031 or 1035 Exchanges / Tenant in Common Interests	_____

If no, please advise if the applicant has sold any of above listed products in the past 3 years. If so, please describe.

13. Please set forth:

- a. The total number of customer accounts during the past twelve (12) months: _____
- b. The average investment portfolio size of Applicant's clients: _____
- c. The percentage of accounts that are:

Individual: _____	Margin _____
Corporate: _____	Discretionary: Broker Dealer _____
Institutional: _____	Registered Investment Adviser: _____

- d. Number of securities traded annually through the Broker-Dealer: _____
 e. Average dollar value of securities traded: \$ _____

14. If the answer to any of the below questions is Yes, you must provide details including a form U-4.

Has the applicant or any associated professional ever:

- a. Had a professional license or registration denied, suspended, revoked, non-renewed or restricted? Yes No
- b. Been formally reprimanded by any court, administrative or regulatory agency? Yes No
- c. Had a complaint filed with any consumer agency, state securities department, insurance department, or your broker-dealer, SEC, NASD, or other regulatory agency? Yes No
- d. Been audited by the SEC, NASD, any state securities department, or other licensing or regulatory agency? If yes, provide a copy of the audit letter and your response. Yes No
- e. Been formally accused of violating any professional association's code of ethics? Yes No
- f. Been convicted of a felony? Yes No
- g. Been involved in or is aware of any fee disputes including suits? Yes No
- h. Ever had a trading loss in excess of \$5,000 If yes, provide details including dates, amounts and to whom the loss was paid. Yes No

15. Have any professional liability claims ever been made against the Applicant, Applicant's owners, principals, directors, officers or employees? Yes No

If you answered Yes to the above question, please describe including name of claimant, type of service provided and allegation made: date claim was made; demand amount and final disposition including indemnity and expense amounts.

16. Does the Applicant or do the Applicant's owners, principals, directors, officer or employees have any knowledge or information of any act, error or omission which might reasonably give rise to a claim against any potential insured or its predecessors in business? Yes No

If you answered Yes to the above question, please describe.

17. List any industry associations / memberships with which the applicant is affiliated?

18. Please indicate current coverage terms.

	Current	Desired
Limit		
Retention		
Retro-Date		
Carrier		
Premium		

If no retroactive date is selected, coverage will begin on the policy effective date.

19. Please attach:
- a. 5 year loss data and any other available claim data.
 - b. Any special coverage requests.
 - c. Proof of insurance (certificate or insurance, copy of the dec page) if the applicant is requesting prior acts coverage and has maintained continuous claims made coverage. If

NOTICE TO APPLICANT: PLEASE READ CAREFULLY

Warranty: The undersigned warrants that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated herein if the Insurers accept this application by issuance of a policy. It is understood and agreed that this warranty constitutes a continuing obligation to report to the Insurers, as soon as possible, any material change in the circumstances of the Applicant's business including, but not limited to the size of the firm, the area of business engaged in by the firm and the information contained on each Supplemental application submitted by the Applicant.

Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

SIGNATURE: _____

NAME: _____

TITLE: _____

DATE: _____