



**GENERAL STAR INDEMNITY COMPANY  
MUTUAL FUNDS & INVESTMENTS/SECURITIES PRODUCTS SUPPLEMENT  
INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY (E & O)**

Agency Name: \_\_\_\_\_

1. Does anyone in the agency own or have any interest in a securities broker/dealer organization? ..  Yes  No

2. Is anyone in the agency involved in any fee-based financial planning activities? .....  Yes  No

**If Yes**, what were the total fees received from such activities in the last 12 months? \$ \_\_\_\_\_

Provide a detailed explanation of these activities and attach any applicable contracts:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Is anyone in the agency, or the agency itself, a Registered Investment Advisor? .....  Yes  No

4. **Potential claims:** After inquiry of each agent/registered representative, are there any known circumstances or incidents which may result in an errors and omissions claim being made against the agent/registered rep? .....  Yes  No

**If Yes**, what is the total number of these potential claims? \_\_\_\_\_

**Complete a Claim Supplement for each potential claim.**

5. Have any errors and omissions claims or incidents been made against the agent/registered rep, within the last 5 years? .....  Yes  No

**If Yes**, what is the total number of these claims? \_\_\_\_\_

**Complete a Claim Supplement for each claim/incident.** *(Claims Supplement not required for claims or incidents previously reported to Gen Star's Claims Dept.)*

6. In the last 10 years, has any agent/registered rep been the subject of complaints filed, investigations and/or disciplinary action by any regulatory authority or convicted of a criminal activity? .....  Yes  No

**If Yes**, provide a copy of the action pending or taken by the disciplinary body or judicial system.

7. Complete the following for each requested **Series 6** Agent/Registered Rep **selling mutual funds**:

<b>Name of Agent / Registered Rep</b>		<b>Name of Broker / Dealer</b>			<b>Annual Income</b>
					\$
<input type="checkbox"/> Agency Owner/ Employee <input type="checkbox"/> Exclusive independent contractor <input type="checkbox"/> Non-exclusive independent contractor					
Agent/Registered Rep's prior 5 years of professional liability insurance: (✓ if "None" <input type="checkbox"/> )					
<b>Name of Carrier</b>	<b>Expiration Date</b>	<b>Limit of Liability</b>	<b>Deductible</b>	<b>Premium</b>	<b>Policy Retro Date if "Full Prior Acts", ✓ box</b>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>

Complete the following for each requested **Series 7** Agent/Registered Rep **selling stocks, bonds, investment trusts or limited partnerships**:

<b>Name of Agent / Registered Rep</b>		<b>Name of Broker / Dealer</b>			<b>Annual Income</b>
					\$
<input type="checkbox"/> Agency Owner/Employee <input type="checkbox"/> Exclusive independent contractor <input type="checkbox"/> Non-exclusive independent contractor					
<b>Sub-Limit Requested:</b> <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000					
Agent/Registered Rep's prior 5 years of professional liability insurance: (✓ if "None" <input type="checkbox"/> )					
<b>Name of Carrier</b>	<b>Expiration Date</b>	<b>Limit of Liability</b>	<b>Deductible</b>	<b>Premium</b>	<b>Policy Retro Date if "Full Prior Acts", ✓ box</b>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 (Please Print)