

NEW HAMPSHIRE INSURANCE COMPANY
Administrative Offices: 175 Water Street 18th Floor, New York, NY 10038



CPA Protector Plan
Financial Planning and Investment Supplemental Application

Florida

1. Provide gross annual revenues on an accrual basis earned by the firm for the prior fiscal year from providing financial planning services, asset management services, investment advisory services or from compensation in connection with the recommendation or sale of securities, real estate, insurance products or other investments

	Fiscal Year End	Revenues
Second prior fiscal year	_____	\$ _____
Prior fiscal year	_____	\$ _____
Estimated current fiscal year	_____	\$ _____

Was this revenue included in the revenues reported on the application? Yes ___ No ___

2. From the amount above for the immediate past fiscal year, provide the following for each area of practice:

Area of Practice	% of Revenue	Compensation Type	Engagement Letter Use Y/N
Sale of Real Estate			
Sale of Insurance Products			
Sale of Securities or Other Investments			
Referrals to third parties			
Discretionary Asset Management			
Non-discretionary Asset Management			
Management of Investments for Employee Benefit Plans			
Design of Employee Benefit Plans			
Financial Planning Services			
Investment Advisory Services			
Other Services *			
<i>Total % should equal 100</i>	=		

Compensation Type: Commission, Hourly, Set Fee, Contingent Fee or Other*

*Describe Other Services or Other compensation: _____

3. For each area of practice marked above provide the following information regarding engagement letters:

If yes, how often are the engagement letters updated? _____

If no, please explain: _____

8. For any Registered Representative please provide the following

Name of Representative	NASD License	Name of Broker/Dealer

For any of the above is the Representative and/or Firm insured under a Broker/Dealer or other insurance policy? Please provide details. _____

9. For any Registered Investment Advisor please provide the following

Name of Advisor	IARD/CRD#	Name of Broker/Dealer

For any of the above is the Investment Advisor and/or Firm an insured under the Broker/Dealer policy? Please provide details. _____

10. Please complete the following for each investment venture that the firm, predecessor firms or personnel on behalf of the forgoing has managed, originated, promoted or procured participants for within the past three years:

Venture Name	Formation Date	Industry	Objectives	Current Net Worth	% Ownership held by firm	Professional Services provided

For each venture, provide answers on a separate sheet the following questions:

- a. Was the venture recommended to clients?
- b. Do firm clients have an ownership?
- c. Do any firm personnel act as general partner or similar role?
- d. How did the firm personnel arrange, promote, organize and/or procure participants?

11. Within the last three years, did any firm personnel recommend any non-public investments to clients in which, the firm, or their personnel has an ownership interest?
 Yes ___ No ___

If yes, please provide steps take to minimize potential conflict of interest:

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

The applicant understands the information submitted herein becomes a part of the applicant's application and is subject to the same representations and conditions.

Signature of Authorized Representative of the Firm

Date

Print Name

Title (must be signed by managing partner or managing executive of the Firm)

Attest _____

Producer / Agent: B&B Protector Plans, Inc. (dba Professional Services Plans)

License Number: L006066

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