



Securities Services Supplemental Application

1. Within the last five years, for Clients where you have provided any services or products used in connection with public or private offerings of securities, real estate or other investments, provide the information below:

Name of the Offering or Investment	Client Industry	Type of Services Rendered by the Firm	Date of Offering	Size of Offering	% of Equity held by any Firm Personnel	Type*

*Type – if public indicate primary or secondary. If private indicate if partnership, trust, bond, mortgage backed securities or stock sale. Add on a separate sheet if additional space is needed.

2. Please check all that apply:

- Annual review of existing clients for potential conflicts
- New Client Screening for reputation, nature of business, financial strength, client management characteristics and potential conflicts
- Engagement letter defining services to be performed
- Second person review of all written materials to be furnished in the transaction
- Written policy requiring securities accountants to participate in continuing education courses with securities content and current developments. Hours required _____
- Written policy governing trading and investments in client securities by firm members
- Written policy prohibiting firm members from recommending clients securities to others
- Written policy prohibiting firm members from serving as a director, officer or general partner of a securities client
- Written policy to prevent improper use of material inside information by firm members
- Other controls _____

3. Currently or in the last five years, has any member of your firm or firm affiliates recommended any investment to clients in any entity or investment which any firm member or affiliate had a financial or ownership interest or served as an officer, director, partner or owner? Yes No

If yes, please indicate for each investment:

Type of investment(s)	Percentage of financial interest or indicate affiliation as officer, director, partner or owner	Type of professional services provided

Add on a separate sheet if additional space is needed.

4. If a conflict or potential conflict of interest does or did exist, do you require a written disclosure to all parties involved? Yes No

5. During the past 5 years have you been subject to any investigation by the SEC or been terminated by a securities client or had a dispute with a client requiring disclosure to securities regulators? Yes No

If yes, please provide the following:

Client Name	Date of Withdrawal	Description of Withdrawal, Dispute or Investigation

6. Have you been named as a party to any legal action under the SEC Acts of 1933 or 1934 or state statute relating to the issuance offering or sale of securities? Yes No

If yes please complete a Claims/Incident Supplement.

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 _____

License Number _____

Address _____
