

Welcome to the Ahern Insurance Brokerage eForms.

After completing this application please follow these simple instructions:

- 1) Click "Save Application," navigate to your desktop and save a copy of the completed application
- 2) Print & sign the application
- 3) To expedite the application process, email or fax a copy of the completed application to AIB

Fax: (858) 571-9010

Email: Info@AhernInsurance.com

- 4) Please mail the original to:

Ahern Insurance Brokerage
9655 Granite Ridge Drive
Suite 500
San Diego, CA 92123

For additional support you can email techsupport@aherninsurance.com or consult the help file at: <http://www.aherninsurance.com/applications/help.htm>

IMPORTANT!

Once you have filled out your application completely, you must **PRINT, SIGN AND MAIL THE ORIGINAL**



SECURITIES OR BONDS SUPPLEMENT

Securities related activities means securities or transactions which are subject to or exempt from the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Advisors Act of 1940 or State blue Sky or securities laws or any amendments thereto.

1. List the names of all attorneys engaged in securities and/or securities related activities:

Name	Position	Years of Experience
_____	_____	_____
_____	_____	_____
_____	_____	_____

2.
 - a. State the gross income derived from securities and/or securities related activities:
 Last 12 months \$ _____ Anticipated next 12 months \$ _____

 - b. Does the firm accept securities in lieu of fees as payment for services rendered involving securities and/or securities related activities?..... Yes No

 - c. Does the firm have a policy prohibiting or restricting attorneys from investing with securities clients or otherwise entering into a business relationship (other than attorney/client)?..... Yes No

 - d. Does any attorney have a business relationship (other than attorney/client) with any person or entity other than those situations identified in the Outside Interest Supplement Application?..... Yes No
If yes, please provide a detailed narrative.

3. Attach a copy of the procedures utilized by the firm for screening new clients.

4.
 - a. Does the firm follow any established "due diligence" Procedures?..... Yes No
If yes, attach a copy of these procedures including any checklists utilized in conjunction therewith. If no, attach a detailed description of steps taken to satisfy the "due diligence" requirements.

 - b. Is a "cold review" of securities transactions by an uninvolved member of the firm required prior to release or signature?..... Yes No
If no, please provide a detailed narrative.

5. Does the firm make recommendations as to the sale or purchase of any specific stocks, bonds or other securities related investments?..... Yes No
If yes, please provide a detailed narrative.

6.
 - a. List, on the Securities Schedule, all securities offerings, private placements, limited partnerships, syndications and bonds handled in the past five years.

 - b. In addition to the transactions listed on the Securities Schedule, is the firm involved in any other work involving securities or bond transactions?..... Yes No
If yes, please provide a detailed narrative.

SECURITIES SCHEDULE

Please list all securities and bond transactions handled over the past five years.

DATE OFFERING COMMENCED	NAME OF ISSUER CITY, STATE	TYPE OF OFFERING (indicate) PR = Private Placement PUI = Public Initial Placement PU = Public Secondary Placement B = Bond (Private) SY = Syndication M = Municipal F = Financing	TYPE OF BUSINESS	DID FIRM RENDER TAX OPINION? Y/N	DATE OF ISSUER INCORPORATION OR FORMATION	DOLLAR SIZE OF OFFERING AND DESCRIPTION OF SECURITY	MONTHS AS A CLIENT	AFFILIATED W/ ISSUER Y/N?	APPLICANT ATTORNEYS INVEST? Y/N

Important Reminder

The coverage for which you are applying is written on a CLAIMS-MADE basis. Only claims first made against you and reported to the Company during the policy period are covered, subject to the policy provisions. The limits of liability stated in the policy are reduced by defense expenses. Defense expenses may also be applied to the deductible, if any. If you have any questions about the coverage, please discuss them with your agent.

Representation and Acknowledgement of Firm's Continuing Duty to Inform

The undersigned is authorized by the firm to sign this application and represents and acknowledges that all information provided by the firm including the application, submits, its supplements, attachments, and answers to any questions our underwriter asks:

- will be relied upon the Company in determining whether to insure the firm and at what rate to insure it;
- are true, correct, accurate, and complete;
- and will be considered a part of any ensuing insurance contract.

Furthermore, the undersigned understands and agrees that the firm has a continuing duty through policy inception and throughout the life of any ensuing insurance contract to update this application, its supplements, attachments, and answers to any questions our underwriter asks.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Applicant Firm:	Title:
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Applicant's Signature:	Date:
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Agent/Broker Name:	
Agent/Broker License Number:	
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INCOMPLETE, UNSIGNED AND UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION.