

**THIS SUPPLEMENTAL APPLICATION IS PART OF THE PROFESSIONAL LIABILITY APPLICATION, INCLUDING CLASS SPECIFIC AND RENEWAL APPLICATIONS, SUBMITTED BY OR ON BEHALF OF THE APPLICANT FOR THE PROPOSED INSURANCE. THE CONDITIONS AND REPRESENTATIONS CONTAINED IN SUCH APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS SUPPLEMENTAL APPLICATION.**

**PLEASE ANSWER ALL QUESTIONS AND LEAVE NO BLANK SPACES. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY, KINDLY APPEND A SEPARATE PAGE WITH YOUR DETAILED ANSWERS.**

### APPLICANT

1. Name: \_\_\_\_\_

### PROFESSIONAL PRACTICE – Answer the following with regards to business valuation services only

2. How many people provide business valuation services on behalf of the Applicant? \_\_\_\_\_

3. What percentage have earned their Chartered Professional Accountant or Chartered Business Valuator designation? \_\_\_\_\_ %

4. On average, how many years of business valuation work experience do those noted in question 2 have? \_\_\_\_\_

5. Is a standard written contract in place for every project? (*Attach a copy*) Yes ☐ No ☐

### BUSINESS ACTIVITIES AND FINANCIAL INFORMATION

6. What was the average value of the entities that were assessed in the last fiscal year? \_\_\_\_\_

7. What were the values of the largest three entities assessed in the last fiscal year?

a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_

8. What was the gross revenue earned from the valuation of a public company(ies) in the last:

a) fiscal year? \_\_\_\_\_ b) two years? \_\_\_\_\_ c) five years? \_\_\_\_\_

9. Has the Applicant provided any professional services that were used by a client in an initial public offering over the past five years? Yes ☐ No ☐

10. Complete the table below indicating the reasons why the Applicant was hired to provide business valuation services over the past two years.

Purpose of Valuation	% of Revenue	Purpose of Valuation	% of Revenue
Succession planning	%	Marital dissolution	%
Shareholder/partnership buyouts/disputes	%	Mergers and acquisitions	%
Tax and financial reporting	%	Other (describe)	%

The undersigned authorized representative of the Applicant declares that the statements in this Supplemental Application and any attachments or information submitted with this Supplemental Application are true and complete. The undersigned understands that this Supplemental Application and any such attachments or information submitted herein are part of the Application submitted by or on behalf of the Applicant for the proposed insurance and are subject to the conditions and representations set forth therein.

Applicant name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Applicant title: \_\_\_\_\_