

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: _____
2. Approximate number of clients during the last fiscal year: _____
3. Indicate each jurisdiction in which the Applicant provides services:

<input type="checkbox"/> British Columbia	<input type="checkbox"/> Alberta	<input type="checkbox"/> Saskatchewan	<input type="checkbox"/> Manitoba
<input type="checkbox"/> Ontario	<input type="checkbox"/> Quebec	<input type="checkbox"/> New Brunswick	<input type="checkbox"/> Nova Scotia
<input type="checkbox"/> Prince Edward Island	<input type="checkbox"/> Newfoundland & Labrador	<input type="checkbox"/> Yukon	<input type="checkbox"/> Nunavut
<input type="checkbox"/> Northwest Territories	<input type="checkbox"/> Other: _____		
4. Does the Applicant hold funds in trust for any clients? Yes ☐ No ☐

BUSINESS ACTIVITIES AND FINANCIAL INFORMATION

5. Complete the following table with respect to each service provided in the last fiscal year:

Service	% of revenue	Service	% of revenue
Review & audit of clients' computer system(s) for vulnerabilities etc.		Activities of a wealth planner and/or certified financial planner	
Recommendation and set-up of third-party packaged accounting software		Certifying to a lender the existence and value of certain assets pledged by a borrower to a lender	
Accountancy computer software training		Class action claim settlement services appointed by a court	
Litigation support		Business planning/succession planning	
Assistance in obtaining financing		Management advisory services to government and/or the public sector	
Submission and management of, and/or assistance with, grant or other funding applications		Services as a member of a formal accreditation, standard review or other similar professional body or committee	
Submission and management of, and/or assistance with, SR&ED Tax Incentive Program		Corporate reorganization consulting	
Actuarial		Peer review	
Controller		Other	

6. a) Does the Applicant, or any spouse or common law partner thereof, have a financial interest in any client? Yes ☐ No ☐
- b) If Yes, is written disclosure always provided to the client and written consent obtained? Yes ☐ No ☐

PUBLIC COMPANY CLIENTS

7. Are services provided to publicly traded companies? Yes ☐ No ☐

If Yes,

- a) What is the gross revenue earned from services provided to publicly traded companies in the past:
- i. fiscal year? _____ ii. two years? _____ iii. five years? _____
- b) In consideration of the past five years, what is the market capitalization of the Applicant's three largest clients?
- i. _____ ii. _____ iii. _____
- c) What is the average market capitalization of all current publicly traded clients? _____
- d) What services have been provided to publicly traded companies over the past five years? E.g. audits, review engagements, mergers/acquisitions activities etc.

VALUATION SERVICES

8. Are valuation services provided? Yes ☐ No ☐

If Yes,

- a) Is a standard written valuations contract in place 100% of the time? (*Please attach*) Yes ☐ No ☐
- b) Complete the table below indicating why the Applicant was hired to provide business valuation services.

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)	

9. What is the gross revenue earned from the valuation of publicly traded clients in the past:
- a) fiscal year? _____ b) two years? _____ c) five years? _____

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: _____