



Firm \_\_\_\_\_

**Unregistered Investment Vehicle Supplement** **S-5.1**

If you answered "Yes" to Question No. 30 of the Full Application, please complete the following for each such vehicle.

Name of Investment Vehicle	
Industry & Purpose	
Date Formed	
Current Net Worth	\$
Percent of Equity Interest held by any Firm personnel	
Has any Firm member acted in a capacity of managing, controlling or operating this vehicle (including acting as general partner)? If "Yes", Provide the Firm member's name and capacity.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any Firm clients have ownership in this venture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did your Firm or any Firm member recommend vehicle to clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List all professional services that the Firm provides to this vehicle.	

Name of Investment Vehicle	
Industry & Purpose	
Date Formed	
Current Net Worth	\$
Percent of Equity Interest held by any Firm personnel	
Has any Firm member acted in a capacity of managing, controlling or operating this vehicle (including acting as general partner)? If "Yes", Provide the Firm member's name and capacity.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any Firm clients have ownership in this venture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did your Firm or any Firm member recommend vehicle to clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List all professional services that the Firm provides to this vehicle.	

I recognize that information submitted on this supplement becomes a part of my application for coverage and is therefore subject to all of the representations and conditions of that application.

Signature \_\_\_\_\_ Date \_\_\_\_\_