

Accountants Professional Liability Insurance Application

Firm _____

Unregistered Investment Vehicle Supplement

S-5.1

If you answered "Yes" to Question No. 28 of the Full Application, please complete the following for each such vehicle.

Name of Investment Vehicle:	
Industry & Purpose:	
Is this investment vehicle a subsidiary of another vehicle	☐ Yes ☐ No
Date Formed :	
First Date of Firm Services:	
Current Net Worth:	\$
Percent of Equity Interest held by any Firm personnel	%
Has any Firm member acted in a capacity of managing, controlling, organizing, procuring or promoting participants for investment venture?	☐ Yes ☐ No
Do any Firm clients have ownership in this venture?	☐ Yes ☐ No
Did your Firm or any Firm member recommend vehicle to clients?	☐ Yes ☐ No
List all professional services that the Firm is providing or has provided to this venture.	

Name of Investment Vehicle:	
Industry & Purpose:	
Is this investment vehicle a subsidiary of another vehicle	☐ Yes ☐ No
Date Formed:	
First Date of Firm Services:	
Current Net Worth:	\$
Percent of Equity Interest held by any Firm personnel	%
Has any Firm member acted in a capacity of managing, controlling organizing, procuring or promoting participants for investment venture?	☐ Yes ☐ No
Do any Firm clients have ownership in this venture?	☐ Yes ☐ No
Did your Firm or any Firm member recommend vehicle to clients?	☐ Yes ☐ No
List all professional services that the Firm is providing or has provided to this venture.	

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.

Completion of this supplement does not guarantee that coverage will be automatically granted. Any coverage will be subject to underwriting review.

WARNING – Residents of Maryland

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature _____ Date _____