

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	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<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 is providing or has provided to this venture.	

Name of Investment Vehicle:	
Industry & Purpose:	
Is this investment vehicle a subsidiary of another vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<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 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.

Signature _____ Date _____