



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:	
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:	
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.

FRAUD WARNINGS – Residents of California

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Signature _____ Date _____