



THE CPA ADVANTAGE™  
ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE  
APPLICATION  
INVESTMENT VENTURE SUPPLEMENT



All questions must be answered completely.  
Supplement must be signed by principal of the firm  
Please DO NOT use pencil

Applicant Firm Name \_\_\_\_\_

If you answered YES to question #22a. or b., please complete the following with regard to the Investment Venture(s):

Name of Investment Venture \_\_\_\_\_

- 1. Venture industry and purpose \_\_\_\_\_
- 2. Date formed \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- 3. Net worth of venture \$ \_\_\_\_\_
- 4. Percent of ownership held by the firm personnel \_\_\_\_\_%
- 5. Did your firm recommend venture to clients?  Yes  No
- 6. Do firm's clients have ownership in venture?  Yes  No
- 7. Please explain how firm personnel organized, arranged, promoted or referred others to invest in an investment venture.  
\_\_\_\_\_  
\_\_\_\_\_
- 8. Does any firm personnel act as general partner (or similar capacity) for this venture?  Yes  No
- 9. What professional service(s) are rendered to this venture ? \_\_\_\_\_  
\_\_\_\_\_
- 10. How much revenue does this generate ? \$ \_\_\_\_\_
- 11. Date your services commenced and terminated \_\_\_\_\_ to \_\_\_\_\_

Signature of Owner, Officer or Partner: \_\_\_\_\_ Date Signed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_