



**ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE APPLICATION**  
**VALUATION AREA OF PRACTICE SUPPLEMENT**

Name of Insurance Company to which **Application** is made (herein called the “**Insurer**”)

1. Full name of the Applicant Firm:
2. Provide the following data regarding the number of valuations performed within your last fiscal year in each of the following categories:

	TYPE OF VALUATIONS PERFORMED	NO. OF VALUATIONS	% OF VALUATION BILLINGS
a.	Publicly Traded Companies		
b.	Marital Assets		
c.	Software Companies		
d.	Intellectual Property Valuation		
e.	Privately Held Companies (not otherwise listed)		
f.	Financial Institutions		
g.	Trust / Estate Assets		
h.	Donated Property / IRS Valuation		
i.	Conservation Easements		
j.	Real estate or Real Estate Investment Trusts		
k.	Litigation Support (not otherwise listed)		
l.	Investment Companies		
m.	Natural Resources		
n.	Manufacturing		
o.	M&A Valuations Consulting		
p.	Fraud Deterrence		
q.	Forensic Accounting		
r.	Personal Property Appraisals		
<b>TOTAL = Valuation percent indicated on this supplement:</b>			

3. Has the Applicant Firm provided a valuation used in any public securities offering within the past five (5) years? Yes      No  
**If yes, please provide details below, including size of offering and portion (% or \$) of the offering represented by the applicant’s work product:**

4. How many of the Applicant Firm’s members maintain a membership in the National Association of Certified Valuation Analysts:

5. How many of the Applicant Firm's members hold each of the following designations?  
 Certified Valuation Analyst:  
 Accredited Valuation Analyst:  
 Certified Forensic Financial Analyst and/or Certified Fraud Deterrence Analyst:
6. Please describe the continuing education requirements for the Applicant Firm's CPAs who undertake valuation engagements:

Are all members in compliance with these requirements? Yes      No  
**If no, please explain:**

**I understand information submitted herein becomes a part of my Philadelphia Insurance Companies Accountants' Professional Liability Application and is subject to the same conditions as stated on the application.**

Name (Please Print/Type) Title **(MUST BE SIGNED A PARTNER OR OFFICER)**

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

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

**Produced By: (Section to be completed by Producer/Broker)**

Producer Agency

Producer License Number Agency Taxpayer ID or SS Number

Address (Street, City, State, Zip)

**ADDITIONAL INFORMATION**

**This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.**

\_\_\_\_\_  
Signature

Date