



Valuations Supplemental Application

1. Please provide the number and type of valuations your firm performed in the last fiscal year.

Number _____ Types _____

2. In the past 5 years, if any of your valuations exceeded \$500,000, please indicate the following:

If this does not apply, please check not applicable (N/A).

N/A

Type of Valuation	Industry	Date of Valuation	Size of Valuation	Valuation used for what purpose?

Add on a separate sheet if additional space needed

3. In the past 5 years, were any of the above listed valuations provided for a public securities offering?

Yes No

If yes, please indicate name of client(s) below:

4. For each firm member who performs valuation services, please indicate the following:

Name of Firm Member	No. of years practicing valuation services	List Accreditations and related designations

5. Are all professional staff providing valuation services in compliance with continuing education requirements?

Yes No

6. Is a written disclaimer used on all valuation services?

Yes No

7. Are assumptions disclosed on all valuations services?

Yes No

The applicant understands the information submitted herein becomes a part of the applicant's application and is subject to the same representations and conditions.

Signature of Authorized Representative of the Firm

Date

Print Name

Title (must be signed by managing partner or managing executive of the Firm)

Attest _____

Producer / Agent _____

License Number _____

Address _____
