



SUPPLEMENTAL FOR BUSINESS APPRAISERS

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

1. Full name of Applicant: _____
2. Is the applicant an IBA member in good standing for the past 12 months or more?..... Yes [] No []
3. Does the Applicant use a written contract describing the services that will be provided?..... Yes [] No []
 If Yes, what percentage of:
 - (a) Time are these contracts used? _____% Attach a copy of the standard contract used.
 - (b) These contracts contain a mandatory non-binding arbitration clause? _____%
 - (d) These contracts require full payment of fees to the applicant as a condition precedent to suit by the client?
 _____%

4. Based on valuation appraisals rendered in the past 12 months, what types of businesses and sizes of businesses were appraised by the applicant?

Size Based on Appraised Valuation

<u>Types of Businesses</u>	<u>Under \$1million</u>	<u>\$1-5million</u>	<u>\$5-25million</u>	<u>\$25-50million</u>	<u>Over \$50million</u>	TOTAL
Computer	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
Construction	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
Distribution	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
Healthcare Practice	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
Industrial	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
Manufacturing	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
Other Professional Practice	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
Restaurant	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
Retail	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
Other (specify)_____	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
Other (specify)_____	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
TOTAL						100%

5. Based on valuation appraisals rendered in the past 12 months, what percentage of each form of businesses did the applicant evaluate?

<u>Form of Business</u>	<u>Percentage of Revenues</u>
Closely Held Corporation	_____ %
Family Limited Partnership	_____ %
Limited Partnership	_____ %
Limited Liability Company	_____ %
Partnership	_____ %
Publicly Held Corporation	_____ %

Trust	_____	%
Other (specify) _____	_____	%
Other (specify) _____	_____	%
TOTAL		100%

6. Based on valuation appraisals rendered in the past 12 months, provide a breakdown of the purpose of the business appraisals.

<u>PURPOSE</u>	<u>Percentage of Revenues</u>
Sale of entire business	_____ %
Purchase of entire business	_____ %
Partial owner desiring to be bought out	_____ %
Gifting of a partial owner's interest	_____ %
Death of owner of a business	_____ %
Establishment of ESOP	_____ %
Sale of partial ownership to new investor	_____ %
Divorce of owner(s) of business appraised	_____ %
Other (specify) _____	_____ %
Other (specify) _____	_____ %
TOTAL	100%

7. Does the Applicant ever perform appraisal for any business or entity:

- (a) In which the Applicant has a direct or indirect financial interest in the business or entity being appraised? Yes [] No []
- (b) In which the Applicant is a director, owner, partner, officer, trustee, managing member, manager, employee or over which the applicant exercises any management control? Yes [] No []
- (c) In which the Applicant is a debtor or creditor of the business or entity being appraised?..... Yes [] No []
- (d) For which the Applicant performs any other service(s)? Yes [] No []
- (e) With respect to which there is a conflict of interest?..... Yes [] No []

8. Is any partner, owner, officer, director or employee of the Applicant an accountant, certified public accountant, insurance agent, insurance broker, investment adviser, financial planner, attorney, lawyer, registered representative, broker/dealer of securities or commodities, an architect or engineer, a provider of any form of healthcare services or responsible for supervision or management of others who are providers of healthcare services?..... Yes [] No []
 If Yes, attach a certificate of insurance confirming professional liability insurance is in effect to cover the Applicant for claims arising from such services. NOTE: The coverage applied for does not respond to claims arising from the performance of such services.

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of the application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by director, executive officer, partner or equivalent within 60 days of the proposed effective date.

 Name of Applicant

 Title

 Signature of Applicant

 Date