



**APPRAISERS' SUPPLEMENT**  
 Forming part of the Professional Liability Application

\_\_\_\_\_  
 Name of Applicant

**Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:**

**1. REAL ESTATE:**

	_____ Percentage
Residential	_____ Percentage
Commercial	_____ Percentage
Industrial	_____ Percentage
Farm/Agriculture	_____ Percentage
Other _____ Describe	_____ Percentage
<b>Total (1)</b>	<b>_____ Percentage</b>

**Total of 1 & 2 Should Equal 100%**

**2. PROPERTY:**

	_____ Percentage
Vehicles	_____ Percentage
Machinery/Equipment/Tools	_____ Percentage
Antiques	_____ Percentage
Fine Art	_____ Percentage
Jewelry/Furs	_____ Percentage
Other _____ Describe	_____ Percentage
<b>Total (2)</b>	<b>_____ Percentage</b>

**Total (1)** \_\_\_\_\_ Percentage + **Total (2)** \_\_\_\_\_ Percentage = **100%**



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**Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following purposes of appraisals commissioned:**

Insurance for Valuations	_____	Percentage	
Insurance for Damage Appraisals	_____	Percentage	
Mortgage	_____	Percentage	<b>TOTAL should equal 100%</b>
Sale/Purchase	_____	Percentage	
Other	_____	Percentage	
Describe	_____		

**Does your firm perform inventory liquidations?**  Yes  No

\_\_\_\_\_

If Yes, please describe along with the percentage of revenues earned in last fiscal year:

\_\_\_\_\_

**Does your firm appraise financial instruments including but not limited to receivables, contracts or insurance policies and/or provide business evaluation services?**  Yes  No

\_\_\_\_\_

If Yes, please describe along with the percentage of revenues earned in last fiscal year:

\_\_\_\_\_

**Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than 3% shareholder of said client?**  Yes  No

**If Yes Please provide:**

\_\_\_\_\_

Client Name

\_\_\_\_\_

Applicant's relationship with client

\_\_\_\_\_

Approximate General Revenue generated from Client

**Were more than 50% of your total gross billings for any one year derived from a single client or contract?**  Yes  No

**If Yes Please provide:**

\_\_\_\_\_

Client Name

\_\_\_\_\_

Services Rendered

\_\_\_\_\_

How long you expect this relationship to continue



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**Describe your firm's five(5) largest jobs or projects during the past three (3) years.**

	Clients Name	Services Provided	Total Gross Billing (CAD\$)
1			
2			
3			
4			
5			

**Do you provide professional services on projects in which you retain an ownership interest?**  Yes  No

If yes, please provide full details

**Does your firm purchase items that clients appraise for re-sale?**  Yes  No

If Yes, is a written recommendation rendered for the owner to get an independent appraisal  Yes  No

If No, describe the procedures followed:

**How long do you keep your customers information/documentation on file?** \_\_\_\_\_  
 Years

\_\_\_\_\_  
 Print Name and Title

\_\_\_\_\_  
 Signature of Applicant or Authorized Representative

DATE: | D | D | M | M | Y | Y |