



**Accountants PROtectSM
Interim CFO Supplemental Application**

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **COLONY INSURANCE COMPANY**, **COLONY SPECIALTY INSURANCE COMPANY** OR **PELEUS INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER OR **ARGONAUT INSURANCE COMPANY**, A LICENSED INSURER.

INSTRUCTIONS –

- Answer all questions. The information provided herein is considered material to our underwriting and pricing decision for the policy or additional coverage under consideration at the time this supplemental application is submitted.
- For any information that exceeds the space provided, continue responses on your letterhead.
- This form must be completed, dated and signed by an authorized officer of the Applicant to include this completed form as part of the Application.

1. Name of Applicant: _____

2. Complete the following for each client and provide a copy of your current engagement letter for each.

Client Name	Description of Services Provided	Date Services Commenced	Anticipated End Date	Engagement Letter in Place

3. Does your Firm use established client screening and acceptance procedures for these engagements? Yes No

4. Is involvement in the day-to-day operations of the client anticipated? Yes No
If "Yes", what is the nature of chat involvement?

5. Do any of your CFO engagements last longer than twelve (12) months? Yes No
If "Yes", what is the:
Length of your longest engagement? _____ Average length of such engagements? _____

6. Do you attend Board Meetings? Yes No
If "Yes", how often do you attend and what is your role at these meetings?

7. Do you make any management decisions? Yes No

8. Do you make recommendations to management? Yes No
If "Yes", are the recommendations made: Verbally In Writing

9. Do you have authority to hire or terminate client employees? Yes No

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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