Firm

Temporary or Interim CFO Supplement S-13

1. 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?** |
|  |  |  |  | Yes  No |
|  |  |  |  | Yes  No |
|  |  |  |  | Yes  No |

1. Does your Firm use established client screening and acceptance procedures for these engagements?  Yes  No
2. Is involvement in the day-to-day operations of the client anticipated?  Yes  No

If so, what is the nature of that involvement?

1. Do any of your CFO engagements last longer than twelve (12) months?  Yes  No

If “Yes”,

1. What is the length of your longest engagement?
2. What is the average length of such engagements?
3. Do you attend Board Meetings?  Yes  No

If “Yes”, how often do you attend and what is your role at these meetings?

1. Do you make any management decisions?  Yes  No
2. Do you make recommendations to management?  Yes  No

If so, are the recommendations made verbally or in writing?

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

I recognize that information submitted on this supplement becomes a part of my application for coverage and is therefore subject to all of the representations and conditions of that application.

Completion of this supplement does not guarantee that coverage will be automatically granted. Any coverage will be subject to underwriting review.

Signature Date