



## M&A / INVESTMENT BANKING E&O PREMIUM INDICATION FORM

Named Insured(s): \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Managing Partner: \_\_\_\_\_ Year Established: \_\_\_\_\_

Current Insurance Carrier: \_\_\_\_\_ Current Premium: \_\_\_\_\_

Limit of Insurance: \_\_\_\_\_ Deductible: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Prior Acts Date: \_\_\_\_\_

Please indicate which of the following services are provided and the percent of total revenue generated by these services over the past year.

Service	Performed	% of Revenue
M&A Consultant Representing Buyer	<input type="checkbox"/> Yes <input type="checkbox"/> No	
M&A Consultant Representing Seller	<input type="checkbox"/> Yes <input type="checkbox"/> No	
M&A Valuation without consulting arrangement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ESOP and Pension Valuation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Valuation Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please describe any other services offered by the firm that are not listed above, be sure to note the percent of revenue generated by the described services:

\_\_\_\_\_

What was your total revenue for the past fiscal year: \$ \_\_\_\_\_

What is your anticipated revenue for the current fiscal year: \$ \_\_\_\_\_

Please list the three largest projects completed over the past five years. Please include the service performed and the revenue generated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe any anticipated changes in services offered during the next 18 months:

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If you subcontract work to others, do you use a written contract? \_\_\_\_\_

Average years of experience for the firm's partners, principals and key employees: \_\_\_\_\_

Associations of which you are a member: \_\_\_\_\_

Does the firm have a written procedural manual for employees to follow?  Yes  No

During the past five years has any owner, employee or affiliate of your firm been the subject of a lawsuit or regulatory investigation?  Yes  No (if yes please attach complete description(s))

No person or entity proposed for this insurance (including with limitation any partners, directors, officers, employees or contracted representative) has any knowledge or information of any fact, circumstance or situation which might reasonably be expected to give rise to any claim that would fall within the scope of the requested insurance, except as follows: \_\_\_\_\_(if "None," so state)

PLEASE RETURN THIS FORM TO:

DAVID SOUDERS  
TODD ASSOCIATES, INC.  
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FAX: 440-446-0192