



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?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

- 2. Does your Firm use established client screening and acceptance procedures for these engagements? Yes No
- 3. Is involvement in the day-to-day operations of the client anticipated? Yes No
If so, what is the nature of that involvement? _____
- 4. Do any of your CFO engagements last longer than twelve (12) months? Yes No
If "Yes",
 - a. What is the length of your longest engagement? _____
 - b. What is the average length of such engagements? _____
- 5. Do you attend Board Meetings? Yes No
If "Yes", how often do you attend and what is your role at these meetings? _____
- 6. Do you make any management decisions? Yes No
- 7. Do you make recommendations to management? Yes No
If so, are the recommendations made verbally or in writing? _____
- 8. 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 _____