

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

swgspecialty.com · quotes@swgspecialty.com · +1 888-302-9215 · Fax: 905-428-3977



\_\_\_\_\_ 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

**TOTAL should equal 100%**

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 generates 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
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