



### LIMITED PARTNERSHIP SUPPLEMENTAL APPLICATION

Administered by:

PCM Services, LLC  
11 Hanover Square, 6<sup>th</sup> Fl.  
New York, NY 10005-2863

**NOTE:** For purposes of this Supplemental Application, whenever the designation "LP" is shown below, it refers to "Limited Partnership." The term "Family Limited Partnership" means a limited partnership created primarily to shift ownership of assets or income to family members, mainly or solely for estate planning or estate taxation purposes.

**APPLICANT'S INSTRUCTIONS:**

This form is to be completed if the Applicant firm provided a percentage in the main application, Section II, Firm's Practice, Question 1.a., that would require completion of this supplemental application. If space is insufficient to answer any question fully, attach a separate sheet. Answer all questions completely.

APPLICANT FIRM: \_\_\_\_\_

- 1. Please provide the following information relative to all of the "Limited Partnerships" that the Applicant firm has created or formed at any time within the past five (5) years:

TYPE/PURPOSE OF LP	TOTAL NUMBER OF LPS FIRM FORMED IN PAST FIVE (5) YEARS	TOTAL ASSET VALUE AT TIME OF FORMATION FOR EACH LP FIRM FORMED
Family LP		
LP as vehicle to purchase, invest in, or develop real estate		
LP as vehicle to invest in securities, stocks, commodities, options, hedge funds, or oil and gas interests		
LP Other (describe investment purpose or holdings): _____ _____ _____		

- 2. In addition to drafting the Limited Partnership Agreement, please describe all of the other services or advice the Applicant firm provided during the past five (5) years to any party relative to any LP:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. During the past five (5) years, has the Applicant firm ever done any of the following relative to any past or present LP? Please check either Yes or No for each question. If Yes to any part of Question 3. below, please provide complete details on a separate sheet.

- a. Represented both the managing general partner and one or more of the limited partners relative to the same LP?  Yes  No
- b. Formed, or provided any other services to, at any time, any LP whose units were ever publicly traded on any public stock exchange?  Yes  No
- c. Been involved in any way in the purchase, sale, merger, or acquisition of any existing limited partnership units or interests?  Yes  No

4. During the past five (5) years, to the best of the Applicant firm's knowledge, has any of the following ever happened relative to any LP which the firm formed or ever provided any other services relative to, at any time? Please check either Yes or No for each question. If Yes to any part of Question 4. below, please provide complete details on a separate sheet.

- a. Publicly traded limited partnership units were de-listed or otherwise ceased trading on any public securities exchange?  Yes  No
- b. Any LP, or any general or limited partner received notice of any kind of alleged tax deficiency from the Internal Revenue Service or any state tax or revenue department?  Yes  No
- c. Any individual, derivative, or class action litigation has been brought by, or on behalf of, any of the limited partners against the managing general partner or any other party?  Yes  No
- d. Any LP has ceased operations, become bankrupt or insolvent, or has gone into receivership, trusteeship, liquidation, or dissolution?  Yes  No

The undersigned understands the information submitted herein becomes a part of the Applicant firm's Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

\_\_\_\_\_  
Signature of Owner, Officer or Partner

\_\_\_\_\_  
Print or Type Name and Title

\_\_\_\_\_  
Date (month-day-year)