



# Venture Capital Supplemental Application

- Markel American Insurance Company
- Evanston Insurance Company

Applicant Name: \_\_\_\_\_

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

## General Information

1. List all Venture Funds for which coverage is requested (attach separate sheet if necessary):

Name Of Limited Partnership	Date Created	State Of Principal Operation	# Of Partners	Investment Objective

Name Of Limited Partnership	Fund Size	Size Of Investment	Initial Capital	# Of Portfolio Companies	Internal Rate Of Return

- 2. Attach a copy of each of the following:
  - a. Private Placement Memorandum for each fund
  - b. Latest annual report to limited partners
  - c. Audited financial statement for each fund
  - d. List of board representation in each portfolio company

**NOTE:** This Supplement becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's signature

\_\_\_\_\_  
Date

(Florida only) Agent license number: \_\_\_\_\_

