



Consultants Supplemental Application

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY

This Application for Professional Liability Errors & Omissions Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this Application will enable the Underwriter to decide whether or not to authorize the binding of insurance.

THIS APPLICATION IS NOT A BINDER

1. INDICATE WHICH OF THE FOLLOWING SERVICES YOU PROVIDE AND THE PERCENTAGE OF REVENUE DERIVED FROM EACH:			
Organizational Structure		Long Range Planning	
Systems Analysis		Marketing/Communications	
Human Resource		Merger/Acquisition	
Benefits		Risk Management	
Turnaround Management		Insurance Consulting	
Interim Management		Product Development	
Investment Consulting		Other	

2. DO YOU ANTICIPATE ANY CHANGES IN THE TYPES OF MANAGEMENT CONSULTING SERVICES YOU PROVIDE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	

3. DOES THE APPLICANT CONSULT ON MEANS OR METHODS OF FINANCING OR OBTAINING FUNDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	

4. IS THE APPLICANT INVOLVED IN THE MANAGEMENT, PURCHASE, SALE OR MAINTENANCE OF ANY REAL OR PERSONAL PROPERTY, OR IN ANY ACTIVITY RELATED IN ANY WAY TO INVESTMENTS OR INVESTING?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	

5. DOES THE APPLICANT CONSULT ON, SUPERVISE OR MANAGE ANY ESCROW ACCOUNTS, TRUST FUNDS, INSURANCE PLANS OR INVESTMENT PORTFOLIOS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	

6. DOES THE APPLICANT SELL, DISTRIBUTE, DESIGN, MANUFACTURE, RECOMMEND OR TEST ANY PRODUCTS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	

7. DOES THE APPLICANT PREPARE, REVIEW OR APPROVE ARCHITECTURAL, ENGINEERING OR CONSTRUCTION MAPS, PLANS, OPINIONS, ESTIMATES, SURVEYS, DESIGNS OR SPECIFICATIONS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	

8. HAS THE APPLICANT AGREED TO MANAGE THE OPERATIONS OF ANY BUSINESS ON BEHALF OF ANY CLIENT, OR DOES THE APPLICANT ASSIST IN NEGOTIATING OR HAVE AUTHORITY TO ENTER INTO CONTRACTUAL RELATIONSHIPS ON ANY CLIENTS BEHALF?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	

9. DOES THE APPLICANT PERFORM ANY DESIGN OR CONSULTING SERVICES IN RELATION TO ANY LOTTERIES, SWEEPSTAKES, OR ANY GAME OF CHANCE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	

10. DOES THE APPLICANT HAVE ANY LICENSED ARCHITECTS/ENGINEERS, ATTORNEYS, OR CPAS ON STAFF?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain the services provided:	

11. CERTIFICATION AND SIGNATURE	
It is understood and agreed that this supplemental application shall become part of the application for Professional Liability Errors & Omissions insurance.	
Must be signed by a Principal, Partner, Officer or Director	
Print or Type Applicant's Name	Title of Applicant
Signature of Applicant	Date Signed by Applicant