



CONSULTANTS SUPPLEMENTAL APPLICATION

1. Provide a breakdown of your consulting services, average fee, and percent of gross receipts derived from each type of activity:

	Avg. Fee	Gross Receipts
a. Actuarial	_____	_____
b. Agricultural/Farming/Forestry	_____	_____
c. Benefit	_____	_____
d. Business (General)	_____	_____
e. Business (Non-Profit)	_____	_____
f. Communication	_____	_____
g. Compensation	_____	_____
h. Computer	_____	_____
l. Construction	_____	_____
j. Environmental	_____	_____
k. Finance and Investment	_____	_____
l. Government/Compliance	_____	_____
m. Health Care	_____	_____
n. Human Resource/Personnel	_____	_____
o. Insurance	_____	_____
p. Industrial Engineering	_____	_____
q. Manufacturing	_____	_____
r. Marketing	_____	_____
s. Quality	_____	_____
t. Risk Management	_____	_____
u. Real Estate Investment	_____	_____
v. Security	_____	_____
w. Tax/Audit	_____	_____
x. Other (describe)	_____	_____

	Yes	No
2. Do you consult on means or methods of financing or obtaining funds?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you manage, purchase, sell or maintain any real or personal property?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you manage, underwrite, or sell any investment or potential investment products including, but not limited to, securities, time deposits annuities, futures contracts, partnerships, syndications, or tax shelters?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you consult on, supervise, or manage any escrow accounts, trust funds, or insurance plans?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you sell, distribute, design, manufacture, recommend, or test any product or process for creating a product?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you provide any services or consult on product labeling or product safety?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you prepare, review, or approve architectural, engineering, or construction maps, plans, opinions, estimates, surveys, designs, or specifications?	<input type="checkbox"/>	<input type="checkbox"/>

- | | Yes | No |
|--|--------------------------|--------------------------|
| 9. Do you consult, review, or approve the design, construction, demolition or testing or any buildings or structures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you provide any services or consult on the set up or management of promotional games, contests, lotteries, sweepstakes or other games with chance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you provide any computer services such as data processing, systems analysis, programming or the development, distribution, marketing licensing, selling or maintaining of computer hardware or software? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you offer operations management services of any businesses on behalf of the client? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you have any authority to act on behalf of the client in negotiating services or have authority to enter into contractual relationships for the client? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you offer any psychological, analysis, evaluation or counseling services, or any alcohol, drug, or other substance abuse counseling, therapy, or rehabilitation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you provide any temporary professionals and/or services typically provided by attorneys, accountants, stockbrokers, medical professionals or armed security personnel? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you make any guarantees or warranties to your clients for any of the services you provide? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. List the industries served and typical use of your work product by your clients. | | |
| 18. Do you use a written contract or engagement letter with your clients? | | |
| <input type="checkbox"/> In all cases <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Customized for each client <input type="checkbox"/> Standard Contract (attach copy) | | |

If customized contracts are used, do they contain a:

- | | Yes | No | | Yes | No |
|---------------------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|
| a. Qualification section | <input type="checkbox"/> | <input type="checkbox"/> | f. Guarantees or warranties | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Reference section | <input type="checkbox"/> | <input type="checkbox"/> | g. Cancellation/Termination clause | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Fee estimate/expense reimbursement | <input type="checkbox"/> | <input type="checkbox"/> | h. Payment terms and billing procedures | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Project schedule | <input type="checkbox"/> | <input type="checkbox"/> | i. Disclaimers | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Implementation involvement | <input type="checkbox"/> | <input type="checkbox"/> | | | |

If possible, attach a copy of one of your typical customized contracts.

If a contract is not used, how do you define your responsibilities to your clients? _____

It is understood that this supplement becomes a part of the Professional Liability Insurance Application.

Date: _____ Signature: _____
 Title: _____