



## Consultants Supplemental Application

**THIS APPLICATION IS NOT A BINDER**

1. Indicate which of the following services you provide and the percent of revenue derived from each.

Organizational Structure \_\_\_\_\_%    Systems Analysis \_\_\_\_\_%    Human Resource \_\_\_\_\_%

Benefits \_\_\_\_\_%    Long Range Planning \_\_\_\_\_%    Marketing/Communications \_\_\_\_\_%

Merger/Acquisition \_\_\_\_\_%    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? ( ) YES ( ) NO  
If YES, Please provide details.

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3. Does the Applicant consult on means or methods of financing or obtaining funds?

( ) YES ( ) NO

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?

( ) YES ( ) NO

5. Does the Applicant consult on, supervise or manage any escrow accounts, trust funds, insurance plans or investment portfolios?

( ) YES ( ) NO

6. Does the Applicant sell, distribute, design, manufacture, recommend or test any products?

( ) YES ( ) NO

7. Does the Applicant prepare, review or approve architectural, engineering or construction maps, plans, opinions, estimates, surveys, designs, or specifications?

( ) YES ( ) NO

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?

( ) YES ( ) NO

9. Does the Applicant perform any design or consulting services in relation to any lotteries, sweepstakes, or any game of chance?

( ) YES ( ) NO

If the answer to any one of the above questions is YES, then please provide full details.

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10. Does the applicant have any licensed architects/engineers, attorneys or CPAs on staff? ( )YES ( ) NO  
If YES, please explain the services provided.

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It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors & Omissions insurance.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person authorized to execute on behalf of the Applicant

SA017 MPL 4/2013

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