

Management Consultants
SUPPLEMENTAL APPLICATION



Instructions to the applicant:

1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation
2. If a question is not applicable, state N/A. If more space is required to answer a question, please attach exhibit with the question number.
3. Application must be signed and dated by authorized person.

APPLICANT: _____

	Previous Year:	Last Year:	Est. This Year:
1. Breakdown of Total Staff			
Professionals engaged in providing management consulting services to clients:	_____	_____	_____
Other Employees (non-professional):	_____	_____	_____
Total:	_____	_____	_____

2. Describe, in detail, the percentage breakdown of the different services for which the applicant renders professional services:

Type of Services	Percentage
Organizational Structure	_____ %
Employee Evaluation	_____ %
System Analysis	_____ %
Long-Range Planning	_____ %
Marketing	_____ %
Investment Counseling	_____ %
Management Leveraged Buyouts	_____ %
Risk Management	_____ %
Benefit Consulting	_____ %
Data Processing Consulting	_____ %
Merger / Acquisition / Divestiture	_____ %
Product Development	_____ %
Economic Forecasting	_____ %
Other (specify) _____	_____ %
Must total 100%	

3. Does the applicant guarantee services? Yes No
 If yes, please provide details: _____

4. Are the applicant's fees contingent upon cost reductions? Yes No
5. If the applicant is an executive search firm, do you work on a contingency basis? Yes No
6. Does the applicant derive revenues from transactions involving any of the following?
- | | |
|--|--|
| Listed stocks | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Unlisted stocks | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bonds | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Unregistered Stocks or Bonds | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Commercial Paper | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Options Contracts | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Commodity Futures | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other (real estate, oil & gas, joint ventures, trust, etc – specify) _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- _____

If additional space is needed, please provide details on a separate attachment.

I understand the information submitted herein becomes a part of my 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 (m-d-y)