

**SUPPLEMENTAL MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION  
MANAGEMENT CONSULTANTS  
(Claims Made Basis)**

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

1. List the Applicant's consulting activities and indicate the percentage of gross receipts derived from each activity:

- |          |         |
|----------|---------|
| a) _____ | _____ % |
| b) _____ | _____ % |
| c) _____ | _____ % |
| d) _____ | _____ % |

NOTE: In answering the following questions, if the answer is "Yes", attach a statement containing complete details.

2. Does the Applicant sell, promote or perform any service other than listed in Question 1? ( ) Yes ( ) No.

If "Yes", set forth those other services. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. a) Please describe the type of clients served by you. \_\_\_\_\_  
\_\_\_\_\_

b) Please describe the type of industries served by you. \_\_\_\_\_  
\_\_\_\_\_

c) Does the Applicant specialize in any one consulting area or industry? ( ) Yes ( ) No.

4. Does the Applicant consult on means or methods of financing or obtaining funds, including but not limited to loans, grants, mergers, acquisitions, capitalization's, divestitures or liquidations? ( ) Yes ( ) No.

5. 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, including but not limited to securities, time deposits, annuities, futures contracts, partnerships, syndication's or tax shelters? ( ) Yes ( ) No.

6. Does the Applicant consult on, supervise or manage any escrow accounts, trust funds or insurance plans? ( ) Yes ( ) No.

7. Does the Applicant sell, distribute, design, manufacture, recommend or test any product or process for creating a product? ( ) Yes ( ) No.

8. Does the Applicant prepare, review or approve architectural, engineering or construction maps, plans opinions, estimates, surveys, designs or specifications, or is the Applicant otherwise involved in any way with the design, construction, demolition or testing of any buildings or structures or any components? ( ) Yes ( ) No.

9. Has the Applicant agreed to manage the operations or any business or behalf of any client, or does the Applicant assist in negotiating or have any authority to enter into contractual relationships on any client's behalf? ( ) Yes ( ) No.

10. Does the Applicant provide psychological counseling services or any alcohol, drug or other substance abuse counseling, therapy or rehabilitation of any kind? ( ) Yes ( ) No.

10. Please describe your contractual relationship with your client. If you utilize a standard contract for this purpose, please provide a copy of the standard contract.

It is understood that this supplement becomes a part of the Application for Miscellaneous Professional Liability insurance, and is utilized to develop pertinent information unique to management consulting operations.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Title