



**SUPPLEMENTAL
MISCELLANEOUS
PROFESSIONAL LIABILITY
APPLICATION
CONSULTANT
(Claims Made & Reported 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

(d) Please attach a list of your five largest jobs in the last three years giving name of client, type of services provided, when and the gross receipts obtained for each job. Please attach your Brochure describing your services.

4. Does the Applicant consult on means or methods of financing or obtaining funds, including but not limited to loans, grants, mergers, acquisitions, capitalizations, 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, syndications 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 project? 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 thereof? YES NO
If YES, please attach details of involvement.

9. 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 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

11. 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 consulting operations.

In addition to all other terms and conditions:

Applicable in Kentucky. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Date

Authorized Representative

Title