

PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS APPLICATION
MANAGEMENT CONSULTANT SUPPLEMENT

1. Full name of the Applicant Firm: _____

2. Within the past five (5) years has the Applicant Firm:

- a. consulted on mergers, acquisitions, capitalizations, divestitures or liquidations? Yes No
- b. prepared, reviewed or approved architectural, engineering or construction maps, plans opinions, estimates, surveys, designs or specifications or otherwise been involved with the design, construction, demolition or testing of any building or structure? Yes No
- c. been involved in the management, purchase, sale or development of any real estate? Yes No
- d. been involved in any financial consulting? Yes No
- e. been involved in any environmental consulting? Yes No

3. Please indicate the percentage of your annual revenue from the last fiscal period involving:

(A)		(B)	
Executive search / Recruiting:	_____ %	Feasibility studies:	_____ %
Human resource consulting:	_____ %	Management audits:	_____ %
Education / Training:	_____ %	Project management:	_____ %
Quality improvement / Quality control:	_____ %	Management / Ownership	
Business communication:	_____ %	succession planning:	_____ %
Administrative / Office services:	_____ %		

TOTAL (A) _____ % **TOTAL (B):** _____ %

(C)		(D)	
Strategic and long range planning:	_____ %	New business start-ups:	_____ %
Financial information and planning:	_____ %	Finance & accounting services:	_____ %
Mergers & Acquisitions:	_____ %	Research & development:	_____ %
Long-term projects: (1 or more)	_____ %	Marketing services:	_____ %
Downsizing / Rightsizing:	_____ %	EDP / MIS services:	_____ %

TOTAL (C): _____ % **TOTAL (D):** _____ %

(A) _____ % + **(B)** _____ % + **(C)** _____ % + **(D)** _____ % = _____ %

4. Does the Applicant provide any services other than those services listed in question 3. above? Yes No
If yes, please describe. _____

I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Professional Liability for Specified Professions application and is subject to the same conditions as stated on the application.

 Name (Please Print)

 Title (Must be Principal, Partner or Officer)

 Signature

 Date

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date