

**COMPLETE THIS APPLICATION ONLY IF REQUESTING COVERAGE FOR MANAGEMENT CONSULTANTS ERRORS AND OMISSIONS LIABILITY COVERAGE.** Please submit with the Advantage<sup>®</sup> Miscellaneous Professional Liability Application. Please complete in ink. A principal must sign both the supplement and the miscellaneous professional liability application.

**THIS APPLICATION IS FOR A CLAIMS-MADE INSURANCE POLICY.**

**Instructions to the applicant:**

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

1. Applicant name \_\_\_\_\_
2. Number of professional principals, partners, officers and professional employees directly engaged in providing management consulting services to clients \_\_\_\_\_
3. Number of non-professional employees (clerks, secretaries, etc) \_\_\_\_\_
4. Types of services (please list the total percentages for each)
 

Organizational Structure	_____%	Investment Counseling	_____%
Employee Evaluation	_____%	Leveraged Buyouts	_____%
System Analysis	_____%	Risk Management	_____%
Long Range Planning	_____%	Benefit Consulting	_____%
Marketing	_____%	Data Processing Consulting	_____%
Merger/Acquisition	_____%	Product Development	_____%
Strategic Advice	_____%	Tax Consulting	_____%
Outsourcing Consulting	_____%	Public Relations	_____%
Other	_____%	(Please explain) _____	
5. Has there been any material change in services provided over the past twelve (12) months?  Yes  No  
If yes, please explain \_\_\_\_\_
6. Please list your five largest clients, types of services provided and revenues generated from those services:

Client	Nature of Contract/Service	Contract Value/Duration

Timeframe of average contract: \_\_\_\_\_

Average contract or licensing agreement value: \_\_\_\_\_

7. Do you guarantee your services?  Yes  No  
 If yes, please explain \_\_\_\_\_
8. Are your fees contingent upon cost reductions?  Yes  No
9. Within the past five (5) years has the applicant provided advice/consulting services with regard to any of the following:
- a) Methods of financing/obtaining funds  Yes  No
  - b) Management of trust funds or investment portfolios  Yes  No
  - c) Mergers, acquisitions, capitalizations, divestitures or liquidations  Yes  No
  - d) Business valuations or appraisals  Yes  No
  - e) Environmental consulting  Yes  No
10. If providing any Technology Consulting Services, please complete the following questions:

**A.**

Type of Product or Service	% of Current Year Revenue	% of Next Year Revenue	Typical Customer
Computer-Maintenance/Service			
Computer Technical Support			
Custom Software Development			
Data Processing			
Internet Portal			
Online Exchange			
Prepackaged Software Development			
System Engineering			
Systems Integration			
Web Hosting			
Web Design			
Other			

**B. SALES CONTRACTS, LICENSING CONTRACTS, STATEMENTS OF WORK**

*Please provide details of Applicant's five largest contracts for ongoing or completed technology consulting services for the last two years:*

Client	Nature of Contract/Service	Contract Value/Duration


Timeframe of average contract: \_\_\_\_\_

Average contract or licensing agreement value: \_\_\_\_\_

**C. VENDOR CONTRACTS**

- 1. Do you require written contracts or agreements with all vendors?  Yes  No
- 2. Is the contracting process standardized and formalized?  Yes  No
- 3. Are all contracts reviewed by your legal department or a third party law firm?  Yes  No

**D. QUALITY CONTROL**

- 1. Please identify the quality control procedures in place at your company:
  - written quality control programs
  - vendor certification guidelines
  - prototype development guidelines
  - beta testing
- 2. Are formal customer acceptance procedures in place?  Yes  No
- 3. Are formal written system or software development methodologies in place?  Yes  No
- 4. When interim changes in the contract or statement of work are required, are these documented with signoffs by both you and the customer?  Yes  No
- 5. Do contracts or statements of work include performance milestones which are acknowledged and accepted with signoffs by both you and customer?  Yes  No
- 6. Are final acceptance letters or signoffs required from each customer?  Yes  No

Please attach sample copies of standard contract(s), including template Statement of Work, sales/service contract, vendor contract and/or contract with subcontractors.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Broker: \_\_\_\_\_

Address: \_\_\_\_\_