

**THIS SUPPLEMENTAL APPLICATION IS PART OF THE PROFESSIONAL LIABILITY APPLICATION, INCLUDING CLASS SPECIFIC AND RENEWAL APPLICATIONS, SUBMITTED BY OR ON BEHALF OF THE APPLICANT FOR THE PROPOSED INSURANCE. THE CONDITIONS AND REPRESENTATIONS CONTAINED IN SUCH APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS SUPPLEMENTAL APPLICATION.**

**PLEASE ANSWER ALL QUESTIONS AND LEAVE NO BLANK SPACES. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY, KINDLY APPEND A SEPARATE PAGE WITH YOUR DETAILED ANSWERS.**

### APPLICANT

1. Name: \_\_\_\_\_

### BUSINESS ACTIVITIES AND FINANCIAL INFORMATION

2. In consideration of the gross annual revenue specified in the Professional Liability Application, complete the following table describing each service and indicate the approximate percentage of revenue derived from each. (Total must be 100%)

Services	% of revenue	Services	% of revenue
Consulting diagnosis and Management/Administration Consulting	%	Financial Management consulting	%
Project Management: consulting, assistance and set up	%	International consulting	%
Subsidy researching	%	Organisational Development consulting	%
Project Financing: research and assistance	%	Franchise consulting	%
Consulting in Technology transfer	%	Real Estate, Moving and occupation of new premises consulting	%
Economic consulting	%	Acquisitions and Corporate Mergers (A&M) consulting	%
Operations management consulting	%	Actuarial consulting	%
Human Resources (HR) consulting	%	Preparation of Financial Statements for business enterprises	%
Information technology / EDP consulting	%	Health and Safety at work	%
Research and Strategic Planning consulting	%	Research and Development consulting	%
Training	%	Public Relations consulting	%
Communications consulting	%	Other (describe):	%
Risk Management consulting	%		

3. Does the Applicant provide direct business management to his clients? Yes ☐ No ☐

If Yes, please provide details and the gross revenue derived from the management services rendered. Also attach the standard written contract in place.

4. Does the Applicant benefit from any type of profit sharing? Yes ☐ No ☐

If Yes, please provide details.

5. Does the Applicant provide:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a) services to public companies?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) services to a specialized industry (i.e. governments, health institutions, industrial, manufacturing, etc.)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) computer programming services to any client?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If Yes to any of the questions above, please provide details and the gross revenue derived from the services.

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The undersigned authorized representative of the Applicant declares that the statements in this Supplemental Application and any attachments or information submitted with this Supplemental Application are true and complete. The undersigned understands that this Supplemental Application and any such attachments or information submitted herein are part of the Application submitted by or on behalf of the Applicant for the proposed insurance and are subject to the conditions and representations set forth therein.

Applicant name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Applicant title: \_\_\_\_\_