

# CONSULTANTS SUPPLEMENT



1. Do you consult on means or methods of financing or obtaining funds? -----  Yes  No  
*If "Yes", please provide details.*
2. Are you involved in the management, purchase, sale or maintenance, syndication or development of any real or personal property or in any activity related in any way to investments or investing? -----  Yes  No  
*If "Yes", please provide details.*
3. Do you consult on, supervise or manage any escrow accounts, trust funds, insurance plans or investment, pension or retirement portfolios? -----  Yes  No  
*If "Yes", please provide details.*
4. Do you provide psychological counseling services or any alcohol, drug or other substance abuse counseling, therapy or rehabilitation of any kind? -----  Yes  No  
*If "Yes", please provide details.*
5. Do you sell, distribute, design, manufacture, recommend or test any products? -----  Yes  No  
*If "Yes", please provide details.*
6. Do you prepare, review or approve architectural, engineering or construction maps, plans, opinions, estimates, surveys, designs or specifications? -----  Yes  No  
*If "Yes", please provide details.*
7. Do you manage the operations of any business on behalf of any client, assist in negotiating contracts or have any authority to enter into contractual relationships on any client's behalf? -----  Yes  No  
*If "Yes", please provide details.*
8. Do you perform any design or consulting services in relation to any casinos, gambling or betting entities, lotteries, sweepstakes or any other games of chance? -----  Yes  No  
*If "Yes", please provide details.*
9. Have you ever been dismissed from an assignment prior to completion within the past five (5) years? -  Yes  No  
*If "Yes", please provide details.*
10. Have you performed any environmental consulting work or has any part of your practice involved environmental issues or do you anticipate doing so in the future? -----  Yes  No  
*If "Yes", please provide details.*
11. Have you performed any services for any consortium of companies or consortium of clients within the past five (5) years? -----  Yes  No  
*If "Yes", please provide details.*
12. Do you adhere to a published professional code of ethics? -----  Yes  No  
*If "No", please explain.*

## NOTICE

Applicant understands the information submitted herein becomes a part of the Applicant's Professional Liability Insurance Application or Renewal Application and is subject to the same representations and conditions.

Must be signed and dated by a principal, partner or owner as duly authorized on behalf of the Applicant.

Signature of Principal, Partner or Owner

Title

Date