

MARKETING RESEARCHERS SUPPLEMENT



1. a. Please provide a percentage breakdown based upon gross revenue for the past twelve (12) months of the services provided for the following types of clients. If Firm is newly established, please advise best estimate. Percentages must total 100%.

Individuals	_____ %	Non-Profit Organizations	_____ %
Privately Held Companies	_____ %	Governmental / Municipalities	_____ %
Publicly Held Companies	_____ %	Other (Describe): _____	_____ %

- b. Of your corporate clients, please provide a further breakdown by industry:

Advertising / Communications	_____ %	Manufacturing	_____ %
Construction	_____ %	Real Estate	_____ %
Entertainment / Hospitality	_____ %	Retail / Service	_____ %
Drug / Alcohol	_____ %	Scientific / Research & Development	_____ %
Food	_____ %	Tobacco	_____ %
Healthcare	_____ %	Transportation	_____ %
Insurance / Banking / Finance	_____ %	Tourism	_____ %
Legal	_____ %	Other (Describe): _____	_____ %

2. Please give us a percentage breakdown of the amount of time spent utilizing the following methods of gathering information in your research efforts. If Firm is newly established, please provide best estimate.

By Mail _____% By Telephone _____% In Person _____%

If "In Person" interviews are conducted, please specify the type of location(s) that are typically used for this purpose (i.e. retail establishments, your office, door-to-door canvassing, etc.):

3. Do you review the survey questions that you develop with your clients before you conduct the survey? Yes No
4. What type of internal quality controls do you have in place to ensure that your research is accurate, factual and not misleading? _____

5. Do you ever guarantee that your client will obtain certain results? ----- Yes No
If "Yes", please explain.
6. Have you or do you currently represent competing clients or competing brands? ----- Yes No
If "Yes", please provide details.
7. Do you sell or provide your clients with any marketing software packages? ----- Yes No
If "Yes", please provide details.

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