

Specified Professions Professional Liability Product

PUBLIC RELATIONS CONSULTANTS SUPPLEMENT

Please fill out the General Information section, along with the section(s) you are requesting coverage.

Name of Applicant: _____ Date: _____

If you have a website, include your website address:

1. Please provide a percentage breakdown of current 12 month Gross Receipts based upon services offered. If the Applicant is newly established, please advise best estimates.

_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
Total	100 %

2. Please provide a percentage breakdown of current 12 month Gross Receipts derived from the following types of clients. If the Applicant is newly established, please advise best estimates. Describe the services offered.

Politicians	_____ %	_____
Entertainment Industry	_____ %	_____
Publicly Held Corporations	_____ %	_____
Airlines	_____ %	_____
Other _____	_____ %	_____
Other _____	_____ %	_____
Total	100%	

3. Does the Applicant derive revenue from any of the following? Provide details below for any "Yes" answers.

	Yes	No	%Receipts
Advertising?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Publishing?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Broadcasting?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Producing of films, radio or television programs?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Design of product packages, logos or trademarks?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Development of sweepstakes, contests or games with prizes worth more than \$2,500?	<input type="checkbox"/>	<input type="checkbox"/>	_____

4. Are statements or proofs released without client signoff? Yes No If "Yes", please provide details.

THIS PUBLIC RELATIONS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS PART OF THE PROFESSIONAL LIABILITY APPLICATION. THIS SUPPLEMENTAL APPLICATION IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE IN THE BASIC APPLICATION.

 SIGNATURE TITLE DATE