



Supplemental Application
for
Miscellaneous Professional Liability
Insurance Policy

THIS IS A CLAIMS MADE AND REPORTED INSURANCE POLICY. READ IT CAREFULLY.

MANAGEMENT CONSULTANT SUPPLEMENTAL APPLICATION

Name of Applicant's Firm: _____

Street Address: _____

City, State, Zip: _____

1. Please provide a brief description of the services the Applicant provides:

2. Do you consult on any of the following? If yes, indicate percentage of the Applicant's total revenues:

- | | |
|--|---|
| Methods of financing or obtaining funds | <input type="checkbox"/> Yes ___% <input type="checkbox"/> No |
| Management of any escrow accounts, trust funds, insurance plans or investment portfolios | <input type="checkbox"/> Yes ___% <input type="checkbox"/> No |
| Investment advice/consultation with respect to investment decisions, mergers, acquisitions or divestitures | <input type="checkbox"/> Yes ___% <input type="checkbox"/> No |
| Negotiation of contractual relationships on client's behalf | <input type="checkbox"/> Yes ___% <input type="checkbox"/> No |
| Estimation of rates of return or future values | <input type="checkbox"/> Yes ___% <input type="checkbox"/> No |
| Design of lotteries, sweepstakes or any game of chance | <input type="checkbox"/> Yes ___% <input type="checkbox"/> No |
| Architectural, engineering or construction maps, plans, opinions, estimates, surveys, designs or specification | <input type="checkbox"/> Yes ___% <input type="checkbox"/> No |
| Business valuations or appraisals | <input type="checkbox"/> Yes ___% <input type="checkbox"/> No |
| Offer advice on employment practices issues | <input type="checkbox"/> Yes ___% <input type="checkbox"/> No |
| Review or consult on employee benefit issues | <input type="checkbox"/> Yes ___% <input type="checkbox"/> No |

3. What is the Applicant's compensation basis (e.g., fee or percentage of cost savings)? _____

4. Please list the principal industries to which the Applicant provides products and/or services (e.g. consumer products, professions, utilities, industrial, financial, governmental, educational, etc.).

5. (a) Is the Applicant involved in the development or design of copyrighted materials, trademarks, logos, packaging or display design? Yes No

(b) The total number of trademarks the Applicant develops each year: _____

(c) Provide description of the Applicant's legal review or other procedures used for clearing trademarks, copyrighted material or other intellectual property.

6. Describe the security measures used to prevent unauthorized access to the Applicant's premises and facilities as well as computer systems/servers.

7. Describe the security measures used to protect confidentiality and integrity of data.

8. Attach the following:
- (a) Copies of standard contracts.
 - (b) Recent brochure or other materials describing services provided.

Attention - Applicants in AR, CO, DC, KY, NJ, NM, NY, OH, OK, VA:

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may also be subject to a civil penalty.

In Colorado: *Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.*

In Florida: *Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information, is guilty of a felony of the third degree.*

Also provide: Agent Name: _____ Agent License #: _____

In Iowa and New Hampshire:

Provide: Producer Signature _____ Date: _____

In Maryland: *Any person who, knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.*

In Pennsylvania: *Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.*

In Washington, Maine, Louisiana and Tennessee: *It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company (including false information in an application for insurance and claim for payment of loss or benefit). Penalties include imprisonment, fines and denial of insurance benefits.*

THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS A PART OF THE MISCELLANEOUS PROFESSIONAL LIABILITY POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.

This Application must be signed by the Applicant.

Signature

Title

Date

NOTE: This Application including any material submitted herewith shall be treated in strictest confidence.

Please submit this Application including appropriate documentation to:

Great American Insurance Group, Professional Liability Division
One Penn Plaza, Suite 2100, New York, NY 10019