



MANAGEMENT CONSULTING SUPPLEMENT
 Forming part of the Professional Liability Application

_____ Name of Applicant

Within the past five (5) years has the applicant firm:

- 1. Consulted on merges, acquisitions, capitalizations, divestures or liquidations? Yes No
- 2. Prepared, reviewed or approved architectural, engineering or construction maps, plans, opinions, estimates, surveys, designs or specifications or otherwise been involved with the design, construction, demolition or testing of any building or structure? Yes No
- 3. Been involved in the management, purchase, sale or development of any real estate? Yes No
- 4. Been involved in any financial consulting? Yes No
- 5. Been involved in any environmental consulting Yes No

Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:

(A)	(B)
Executive Search/Recruiting _ _ _ Percentage	Feasibility Studies _ _ _ Percentage
Human Resource Consulting _ _ _ Percentage	Management Audits _ _ _ Percentage
Education/Training _ _ _ Percentage	Project Management _ _ _ Percentage
Quality Improvements/Control _ _ _ Percentage	Management / Ownership _ _ _ Percentage
Business Communication _ _ _ Percentage	Succession Planning _ _ _ Percentage
Administrative/Office Services _ _ _ Percentage	
TOTAL (A) _ _ _ Percentage	TOTAL (B) _ _ _ Percentage
(C)	(D)
Strategic / Long Range Planning _ _ _ Percentage	New Business Start-Ups _ _ _ Percentage
Financial Information / Planning _ _ _ Percentage	Finance & Accounting Services _ _ _ Percentage
Mergers and Acquisitions _ _ _ Percentage	Research & Development _ _ _ Percentage
Long-Term Projects _ _ _ Percentage	Marketing Services _ _ _ Percentage
Downsizing / Rightsizing _ _ _ Percentage	EDP/MIS Services _ _ _ Percentage
TOTAL (C) _ _ _ Percentage	TOTAL (D) _ _ _ Percentage

TOTAL (A) |_|_|_|
Percentage + TOTAL (B) |_|_|_|
Percentage + TOTAL (C) |_|_|_|
Percentage + TOTAL (D) |_|_|_|
Percentage = | 1 0 0 |
Percentage



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Does the applicant firm provide any services other than those listed above? Yes No

If Yes, please describe the service and percentage of revenue from the last fiscal period.

Do your firm's activities involve the design of logos and/or trademarks? Yes No

If Yes, please describe your legal review procedures for clearing trademarks/copyrights

Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than 3% shareholder of said client? Yes No

If yes please provide: _____
 Client Name

 Relationship with client

 Approximate Annual revenue generated from client

Were more than 50% of your total gross billing for any one year derived from a single client or contract? Yes No

If yes please provide: _____
 Client Name

 Relationship with client

 How long do you expect this relationship to continue?

Describe your firm's five(5) largest jobs or projects during the past three (3) years.

	Clients Name	Services Provided	Total Gross Billing (CAD\$)
1			
2			
3			
4			
5			

Do you provide professional services in which you retain an ownership interest? Yes No

If Yes, please provide full.



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Do you utilize the services of independent contractors or sub-consultants?

Yes No

Approximate percentage of billing attributable to sub-contractors/consultants?

Percentage

Are all sub-contractors and consultants required to show proof of General Liability and Professional Liability coverage's showing you as an additional insured?

Yes No

If yes, what limits?

Do you ever enter into contracts where your fees for services provided are contingent upon the client achieving cost reductions or improved operating results?

Yes No

If Yes, please provide full details

How long do you keep your patient's information/documentation on file?

Years

Print Name and Title

Signature of Applicant or Authorized Representative

DATE:

D	D	M	M	Y	Y
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