

Professional Liability: Consultants Supplement

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UNDERWRITERS
Division of Specialty Program Group, LLC

The Applicant is applying for CLAIMS-MADE Professional Liability POLICY which, if issued, applies only to CLAIMS FIRST MADE AND REPORTED DURING THE POLICY PERIOD. The LIMIT OF LIABILITY available to pay DAMAGES will reduce and may be exhausted by the payment of CLAIM EXPENSES.

Applicant means all disclosed corporations, organizations or other entities, including subsidiaries, proposed for this coverage. Please complete all questions with an answer, if question is not applicable then answer with N/A.

1. Applicant Information:

Name of Applicant: _____

2. Does the applicant consult on means or methods of financing or obtaining funds?

No Yes

3. Does the Applicant consult on, supervise or manage any escrow accounts, trust funds, insurance plans or investment portfolios?

No Yes

4. Does the Applicant provide any environmental consulting work or has any part of your practice involved environmental issues?

No Yes

5. Does the Applicant prepare review or approve architectural, engineering or construction maps, plans, opinions estimates, surveys, designs or specifications?

No Yes

6. Does the Applicant have any licensed architect/engineering, attorneys or CPAs on staff?

No Yes, If "Yes" please explain the services provided and if you require the individual(s) Maintain their own professional liability coverage.

7. Is the Applicant involved in the management, purchase, sale or maintenance of any real or personal property or any activity related to investments or investing?

No Yes

8. Does the Applicant provide psychological counseling services of any kind or any alcohol drug, or other substance abuse counseling, therapy or rehabilitation of any kind?

No Yes

9. Does the Applicant perform any design or consulting service in relation to any lotteries, sweepstakes, or any game of chance? No Yes
10. Does the Applicant adhere to a published professional code of ethics? No Yes
11. In the last 5 years has the client been dismissed from an assignment prior to completion? No Yes
12. Has the Applicant agreed to manage the operations of any business on behalf of any client, or does the Applicant assist in negotiating or have authority to enter into contractual relationships on any clients behalf? No Yes
13. Please advise which of the following consulting services the Applicant provides:

| Services | Annualized Revenues | Percentage |
|--------------------------|---------------------|-------------|
| Benefits | | |
| Human Resources | | |
| Insurance Consulting | | |
| Interim Management | | |
| Investment Consulting | | |
| Long Range Planning | | |
| Marketing/Communications | | |
| Merger & Acquisitions | | |
| Organizational Structure | | |
| Product Development | | |
| Risk Management | | |
| System Analysis | | |
| Turnaround Management | | |
| Other(Specify) | | |
| Total | | 100% |

FALSE INFORMATION

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

Signature: _____

Title: _____

Date: _____

This application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by an authorized representative.

Signing of this form does not bind the applicant or the Underwriters to complete this insurance.