

CONSULTANTS SUPPLEMENTAL APPLICATION

Please answer all questions. Attach additional sheets if more space is needed.

SECTION I. APPLICANT INFORMATION

1. Proposed Effective Date: _____ To _____
2. Named Insured (full legal name): _____
3. DBA / Trade name(s): _____
4. Mailing Address: _____
5. City: _____ State: _____ Zip Code: _____
6. Contact Name: _____ Phone: _____
7. Email Address: _____ Website: _____
8. FEIN: _____ Year business started: _____ Years of industry experience: _____
9. Type of entity

☐ Individual / sole proprietor
☐ LLC

☐ Partnership
☐ Nonprofit

☐ Corporation
☐ Other

SECTION II. BUSINESS OPERATIONS

10. Describe your operations in detail: _____
11. Additional description: _____
12. Gross revenue - last 12 months: \$ _____ Next 12 months: \$ _____
13. Full-time employees: _____ Part-time employees: _____ Annual payroll: \$ _____
14. Address of each location (attach a list if more than one): _____

SECTION III. PROFESSIONAL SERVICES

15. Breakdown of revenue by service (last 12 months):

Service / Activity	% of Revenue	Revenue \$
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. Number of professional staff: _____ Years in practice: _____
17. Do you use written contracts or engagement letters with every client? ☐ Yes ☐ No
18. Do your contracts include a limitation of liability clause? ☐ Yes ☐ No
19. Largest single client as a % of revenue: _____
20. Are all professionals licensed or certified where required? ☐ Yes ☐ No



SECTION IV. CONSULTANTS

21. Primary consulting area

☐ Management

☐ HR

☐ Marketing

☐ Operations

☐ Environmental

☐ Other

22. Do you guarantee specific results, savings or returns to clients?

☐ Yes

☐ No

23. Do you implement or manage projects, not only give advice?

☐ Yes

☐ No

24. Do you consult on engineering, construction, legal or medical matters?

☐ Yes

☐ No

25. Do you work with clients outside the United States?

☐ Yes

☐ No

26. Largest single contract fee in the past 12 months

\$ _____

SECTION V. COVERAGE REQUESTED

27. Professional liability limit (each claim / aggregate)

☐ \$250K / \$500K

☐ \$500K / \$1M

☐ \$1M / \$1M

☐ \$1M / \$2M

☐ \$2M / \$2M

☐ Other

28. Deductible / retention

☐ \$1,000

☐ \$2,500

☐ \$5,000

☐ \$10,000

☐ Other

29. Retroactive date on current policy (if any): _____

30. Do you also want general liability / BOP quoted?

☐ Yes

☐ No

SECTION VI. PRIOR INSURANCE

31. List current and prior insurance (last 3 years):

Policy Year	Insurance Company	Coverage	Limits	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

32. Current policy expiration date: _____

SECTION VII. LOSS HISTORY

33. Any claims, lawsuits, demands or losses in the past 5 years (insured or not)?

☐ Yes

☐ No

If yes, explain: _____

34. Has any insurer cancelled, declined or non-renewed coverage for you in the past 3 years?

☐ Yes

☐ No

If yes, explain: _____

35. Are you aware of any incident or circumstance that could give rise to a claim?

☐ Yes

☐ No

If yes, explain: _____

36. List all claims in the past five (5) years (attach currently valued loss runs):

Date of Loss	Type of Loss	Description	Amount Paid	Status (O/C)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Fraud Warnings:

Please refer to Acord 63 for state specific fraud warnings: This application cannot be considered complete until the signed ACORD 63 fraud warning statement has also been attached.

All Other States: 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 materially false information may be guilty of a criminal offense and may be subject to fines and confinement in prison, and denial of insurance benefits.

WARRANTIES AND REPRESENTATIONS

In submitting this application, the undersigned warrants and represents that:

- The information in this application and all attachments is true and complete as of the date submitted;
- The insurer may, and is intended to, rely upon such information in determining whether to issue coverage and, if so, at what premium and upon what terms;
- Upon any change in circumstances which bears upon the accuracy or completeness of the undersigned's representations herein prior to binding, he/she shall notify the insurer in writing and such notice shall become a part of this application;
- The insurer may change the quoted premium and/or the terms of any coverage if, subsequent to the submission of this application, it becomes aware of any such circumstances, whether by notice from the undersigned or otherwise;
- The undersigned authorizes the insurer and its agents to obtain information regarding the applicant's prior insurance, claims history, loss runs and, where permitted by law, motor vehicle and credit reports; and
- The submission of this application shall not bind the insurer or its agents to the issuance of insurance coverage, nor shall it bind the undersigned to accept insurance coverage.

_____ Applicant Name (Required)	_____ Applicant Signature (Required)	_____ Title (Required)	_____ Date (Required)
_____ Applicant Phone (Required)	_____ Applicant Email (Required)		
_____ Producer Name (Required)	_____ Producer Signature (Required)	_____ Date (Required)	
_____ Producer Phone (Required)	_____ Producer Email (Required)	_____ State License # (Required)	_____ Producer NPN (Required)
Societies Insurance Agency NPN 16247324			
Producing Agency _____			