

COVER-PROSM APPLICATION
MANAGEMENT CONSULTANT SUPPLEMENT

1. Full name of the Applicant Firm:

2. Within the past five (5) years has the Applicant Firm:

- | | | |
|---|-----|----|
| a. consulted on mergers, acquisitions, capitalizations, divestitures or liquidations? | Yes | No |
| b. 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? | | |
| c. been involved in the management, purchase, sale or development of any real estate? | Yes | No |
| d. been involved in any financial consulting? | Yes | No |
| e. been involved in any environmental consulting? | Yes | No |

3. Please indicate the percentage of the Applicant's gross annual revenue from the last fiscal period involving:

(A)		(B)	
Executive search / Recruiting:	%	Feasibility studies:	%
Human resource consulting:	%	Management audits:	%
Education / Training:	%	Project management:	%
Quality improvement / Quality control:	%	Management / Ownership	
Business communication:	%	succession planning:	%
Administrative / Office services:	%		
TOTAL (A)	%	TOTAL (B):	%
(C)		(D)	
Strategic and long range planning:	%	New business start-ups:	%
Financial information and planning:	%	Finance & Accounting services:	%
Mergers & Acquisitions:	%	Research & development:	%
Long-term projects: (One or more)	%	Marketing services:	%
Downsizing / Rightsizing:	%	EDP / MIS services:	%
TOTAL (C):	%	TOTAL (D):	%
(A) % + (B) % + (C) % + (D) % = TOTAL MUST EQUAL 100			%

4. Does the Applicant provide any services other than those services listed in question 3 above? Yes No
If yes, please describe.

I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Cover-ProSM application and is subject to the same conditions as stated on the application.

Name (Please Print)

Title **(Must be Principal, Partner or Officer)**

 Signature

 Date

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date