

# SPECIALTY E & O PLAN

## SPECIALTY ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY APPLICATION MANAGEMENT CONSULTING SUPPLEMENT

1. Name of **Your** firm: \_\_\_\_\_
2. Please provide a brief description of the services you provide:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Do you consult on any of the following? Circle appropriate response, and if yes indicate percentage of **Your** total revenues.
- Yes/No \_\_\_\_\_% Methods of financing or obtaining funds;  
Yes/No \_\_\_\_\_% Management of any escrow accounts, trust funds, insurance plans or investment portfolios;  
Yes/No \_\_\_\_\_% Investment advice/consultation with respect to investment decisions, mergers, acquisitions or divestitures;
- Yes/No \_\_\_\_\_% Negotiation of contractual relationships on client's behalf;  
Yes/No \_\_\_\_\_% Estimation of rates of return or future values;  
Yes/No \_\_\_\_\_% Design of lotteries, sweepstakes or any game of chance  
Yes/No \_\_\_\_\_% Architectural, engineering or construction maps, plans, opinions, estimates, surveys, designs or specifications;  
Yes/No \_\_\_\_\_% Business valuations or appraisals
4. Attach the following:
- (a) Copies of standard contracts  
(b) Recent brochure or other materials describing services provided

**THIS MANAGEMENT CONSULTING SUPPLEMENT IS ATTACHED TO AND FORMS A PART OF THE SPECIALTY ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Signature/Title

**NOTE: THE SIGNATURE MUST BE THAT OF AN ACTIVE OWNER, PARTNER OR EXECUTIVE OFFICER OF YOUR FIRM.**