



Coverys Specialty Insurance Company



87 Oxford St.
Lynn MA 01901
PHONE: 781-581-2500
FAX: 781-595-2293

John Remark-Program Manager
P-202-465-4306 F 202-478-0856
john@professionalliabilityusa.com
http://www.professionalliabilityusa.com

SUPPLEMENTAL APPLICATION - CONSULTANTS

1. Name of applicant or insured: _____

2. Does the applicant have any licensed architects, engineers, attorneys or CPAs on staff? Yes No

If "Yes," please explain the services provided: _____

3. Does the applicant sell, distribute, design, manufacture, recommend or test any products? Yes No

If "Yes," please explain the services provided: _____

4. Does the applicant consult on means or methods of financing, obtaining funds or in any way related to investments/investing? Yes No

If "Yes," please explain the services provided: _____

5. Does the applicant provide real estate development or land use consulting? Yes No

If "Yes," please explain the services provided: _____

6. Does the applicant perform any consulting services in relation to any lotteries, sweepstakes or any game of chance? Yes No

If "Yes," please explain the services provided: _____

7. Does the applicant prepare, review or approve architectural, engineering or construction maps, plans, opinions, estimates, surveys, designs or specifications or provide construction management? Yes No

If "Yes," please explain the services provided: _____

8. Does the applicant consult on, supervise or manage any escrow accounts, trust funds, insurance plans or investment portfolios? Yes No

If "Yes," please explain the services provided: _____



Coverys Specialty Insurance Company



87 Oxford St.
Lynn MA 01901
PHONE: 781-581-2500
FAX: 781-595-2293

John Remark-Program Manager
P-202-465-4306 F 202-478-0856
john@professionalliabilityusa.com
http://www.professionalliabilityusa.com

9. Does the applicant have the authority to enter into contractual relationships on behalf of a client? Yes No

If "Yes," please explain: _____

10. Does the applicant provide any safety or OSHA training or consulting services? Yes No

If "Yes," please explain: _____

11. Please provide areas of practice by percentages, total must equal 100%:

CONSULTING PRACTICE AREA	PERCENT OF SERVICES	CONSULTING PRACTICE AREA	PERCENT OF SERVICES
a. Agricultural/forestry consulting	%	h. Management consulting	%
b. Educational consulting	%	i. Marketing/public relations consulting	%
c. Energy consulting	%	j. Mergers and acquisitions consulting	%
d. Environmental consulting	%	k. Regulatory/compliance consulting	%
e. Financial consulting	%	l. Technology consulting	%
f. Human resources consulting	%	m. Training consulting	%
g. Interim/outsourced management or officer	%	n. Other (please describe): _____ _____	%

12. Please provide an approximate breakdown of the type of clients the applicant serves, total must equal 100%:

TYPE OF CLIENT	PERCENT OF CLIENTS	TYPE OF CLIENT	PERCENT OF CLIENTS
a. Federal government	%	e. Financial institutions	%
b. Commercial	%	f. Sub consultant to other company	%
c. State/local government	%	g. Healthcare	%
d. Educational	%	h. Other (please describe): _____ _____	%

SIGNATURE IN FULL: _____ DATE: _____

PRINTNAME: _____

ALL QUESTIONS MUST BE ANSWERED AND THE APPLICATION MUST BE SIGNED AND DATED

Click the red box to submit your application