



AMERICAN INTERNATIONAL COMPANIES ®

Name of Insurance Company
To Which Application is Made: _____
(herein called the Insurer)

MISCELLANEOUS CONSULTANTS SUPPLEMENTAL APPLICATION

NOTE: PLEASE BE ADVISED THAT ALL QUESTIONS ARE ASKED WITH REGARD TO PROFESSIONAL SERVICES PERFORMED FOR OTHERS

- 1. Name of Applicant: _____
2. a. Number of principals, partners, officers and professional employees directly engaged in providing management consulting services to clients: _____
b. Number of non-professional employees (clerks, secretaries, etc.): _____
3. Types of Services (Please list the percentage of total services for each):

Table with 4 columns: Service, %, Service, %. Rows include Organizational Structure, Employee Evaluation, Systems Analysis, Long-range planning, Marketing, Merger/Acquisition/Divestiture, Investment Counseling, Management Leverages Buyouts, Risk Management, Benefit Consulting, Data Process Consulting, Product Development, and Other.

Any change in Services?: Yes [] No [] If "Yes," please explain: _____

- 4. a. Do you guarantee your services? Yes [] No [] (If so, attach full particulars)
b. Are your fees contingent upon cost reductions? Yes [] No []
5. Does the applicant sub-contract work to others? Yes [] No []
If "Yes," what percentage? _____ %

What type of work is sub-contracted? _____

Named Applicant _____

Date _____

6. Does the Applicant derive revenues from transactions involving the following?
Please mark an 'X' next to all that apply:

(a) Listed Stocks		(e) Commercial Paper	
(b) Unlisted Stocks		(f) Option Contracts	
(c) Bonds		(g) Commodity Futures	
(d) Unregistered Stocks or Bonds		(a) Other (real estate, oil & gas, joint ventures, cattle trusts, etc.) Please specify below:	

7. Attach a list of your top 5 major accounts.
8. Attach any descriptive or promotional brochures.

THIS SUPPLEMENTAL APPLICATION DOES NOT BIND THE APPLICANT TO BUY OR THE INSURER TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY. THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS SUPPLEMENTAL APPLICATION ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS SUPPLEMENTAL APPLICATION CHANGES BETWEEN THE DATE OF THIS SUPPLEMENTAL APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

Signed: _____

Print Name: _____

Date: _____

Title: _____

(must be signed by the President or Chief Executive Officer if a corporation, a general partner if a partnership)

Broker: _____

Address: _____
