

CONSULTANTS SUPPLEMENT (Edition 06.2026)

- TO BE COMPLETED ALONG WITH THE GENERAL ALLIED HEALTH APPLICATION -

1. Applicant Name: _____

2. Describe all consulting services provided, and the percentage of gross revenue derived from each:

Consulting Activity	Description of Services	% of Gross Revenue
Total Revenue Percentage: (Must equal 100%)		

3. Does the applicant provide any services not listed above? ☐ Yes ☐ No

If Yes, please describe: _____

4. Does the applicant receive commissions, referral fees, licensing fees, royalties, or compensation other than consulting fees? ☐ Yes ☐ No

If Yes, please describe: _____

5. Does the applicant provide advice regarding financing, capital raising, fundraising, grants, lending, investments, securities, or obtaining funds? ☐ Yes ☐ No

If Yes, please describe the nature of such services: _____

6. Does the applicant make investment recommendations or provide financial planning, wealth management, investment advisory, or securities-related services? ☐ Yes ☐ No

If Yes, please describe: _____

7. Is the applicant involved in the management, acquisition, disposition, valuation, maintenance, or operation of real or personal property on behalf of clients? ☐ Yes ☐ No

If Yes, please describe: _____

8. Does the applicant manage, supervise, control, or have signatory authority over escrow accounts, trust accounts, client funds, employee benefit plans, insurance plans, or other fiduciary accounts? ☐ Yes ☐ No

If Yes, please describe: _____



9. Does the applicant design, develop, manufacture, distribute, test, certify, endorse, recommend, or sell any products, software, technology, equipment, or processes? ☐ Yes ☐ No
If Yes, please describe: _____
10. Does the applicant provide any warranties, guarantees, certifications, or performance assurances? ☐ Yes ☐ No
If Yes, please describe: _____
11. Does the applicant manage business operations or make management decisions on behalf of any client? ☐ Yes ☐ No
If Yes, please describe: _____
12. Does the applicant negotiate contracts, execute agreements, bind coverage, authorize expenditures, or otherwise have authority to act on behalf of clients? ☐ Yes ☐ No
If Yes, please describe: _____
13. Do written contracts or engagement agreements define the scope of services for all clients?
☐ Always ☐ Usually ☐ Sometimes ☐ Never
14. Do client contracts contain limitation of liability, hold harmless, or indemnification provisions in favor of the applicant? ☐ Yes ☐ No
15. Are subcontractors or independent contractors utilized? ☐ Yes ☐ No
If Yes:
a. Annual payments to subcontractors: \$ _____
b. Are subcontractors required to maintain professional liability insurance? ☐ Yes ☐ No

Signature and Attestation

Application for Claims-Made Professional Liability Insurance

The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Supplement does not bind the undersigned to complete the insurance, but it is agreed that this Supplement shall be the basis of the contract should a Policy be issued, and that this Supplement will be attached and become part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Supplement, as they deem necessary.

Name of Applicant: _____

Please Print

Title

Signature: _____

Name

Date

(NOTE: Application must be signed by the owner or president or principal)