



COMPUTER CONSULTANTS SUPPLEMENTAL

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Applicant's Name: _____ **Date:** _____

Website Address: _____ **E-mail Address:** _____

1. Please briefly describe the primary computer services for which coverage is desired:

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

Advise details next to each item which may help in understanding Applicant's operations.

Training and Education	_____ %	_____
Records Management/ Retrieval	_____ %	_____
Hardware Maintenance Services	_____ %	_____
Package Software Installations	_____ %	_____
Graphics/ Presentation Materials	_____ %	_____
Basic Computer Security	_____ %	_____
Computer Security (High Tech)	_____ %	_____
Custom Software Development	_____ %	_____
Equipment Evaluation & Selection	_____ %	_____
EDP Audit	_____ %	_____
Needs Evaluation	_____ %	_____
Packaged Software Development/Sales	_____ %	_____
Hardware Manufacturing/Sales	_____ %	_____
Web Site Design	_____ %	_____
Other	_____ %	_____
Total (must equal 100%)	_____ %	Gross receipts from these activities last year \$ _____

3. Does the Applicant provide any services other than those services listed above in #2? Yes No
If yes, please provide details on a separate sheet.

4. Is the Applicant an Internet Service Provider and/or does it provide any internet access, online publishing, and/or services as a web portal, web host, web search engine, e-mail service, chat room, online database or bulletin board? If "Yes" please provide details on a separate sheet and % of receipts. Yes No % Receipts _____

5. Does the Applicant provide any consulting services which **enable or affect any of the following?**
(Please provide details below).

	Yes	No	%Receipts
CAD/CAM design or control, robotics or process control of industrial equipment?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mechanical, electrical, chemical, civil or architectural design or engineering?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fund transfers or financial transactions?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Aircraft, air-ground equipment, military defense and/or weaponry of any kind?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medical, dental or healthcare diagnosis, monitoring or treatment?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pharmaceutical formulation, production or prescriptions?	<input type="checkbox"/>	<input type="checkbox"/>	_____
911 or other emergency response and/or dispatch?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Energy, power plant, utility or pollution monitoring, supply or distribution?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Computer security services intended to protect financial assets or privileged government information not intended for public usage/ consumption?	<input type="checkbox"/>	<input type="checkbox"/>	_____

THIS COMPUTER CONSULTANTS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS PART OF THE PROFESSIONAL LIABILITY APPLICATION. THIS SUPPLEMENTAL APPLICATION IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE IN THE BASIC APPLICATION.

SIGNATURE TITLE DATE