

MANAGEMENT CONSULTING SUPPLEMENT
Forming part of the Professional Liability Application

swgspecialty.com · quotes@swgspecialty.com · +1 888-302-9215 · Fax: 905-428-3977



_____ Name of Applicant

Within the past five (5) years has the applicant firm:

- 1. Consulted on mergers, acquisitions, capitalizations, divestitures or liquidations? Yes No
- 2. Prepared, reviewed or approved architectural, engineering or construction maps, plans, opinions, estimates, surveys, designs or specifications or otherwise been involved with the design, construction, demolition or testing of any building or structure? Yes No
- 3. Been involved in the management, purchase, sale or development of any real estate? Yes No
- 4. Been involved in any financial consulting? Yes No
- 5. Been involved in any environmental consulting Yes No

Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:

(A)		(B)	
Executive Search/Recruiting	_____ Percentage	Feasibility Studies	_____ Percentage
Human Resource Consulting	_____ Percentage	Management Audits	_____ Percentage
Education/Training	_____ Percentage	Project Management	_____ Percentage
Quality Improvements/Control	_____ Percentage	Management/Ownership	_____ Percentage
Business Communication	_____ Percentage	Succession Planning	_____ Percentage
Administrative/Office Services	_____ Percentage		
TOTAL (A)	_____ Percentage	TOTAL (B)	_____ Percentage
(C)		(D)	
Strategic/Long Range Planning	_____ Percentage	New Business Start-Ups	_____ Percentage
Financial Information/Planning	_____ Percentage	Finance & Accounting Services	_____ Percentage
Mergers and Acquisitions	_____ Percentage	Research & Development	_____ Percentage
Long-Term Projects	_____ Percentage	Marketing Services	_____ Percentage
Downsizing/Rightsizing	_____ Percentage	EDP/MIS Services	_____ Percentage
TOTAL (C)	_____ Percentage	TOTAL (D)	_____ Percentage

TOTAL (A) $\frac{\text{Percentage}}{\text{Percentage}}$ + TOTAL (B) $\frac{\text{Percentage}}{\text{Percentage}}$ + TOTAL (C) $\frac{\text{Percentage}}{\text{Percentage}}$ + TOTAL (D) $\frac{\text{Percentage}}{\text{Percentage}}$ = $\frac{100}{\text{Percentage}}$

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An SWG Company

Does the applicant firm provide any services other than those listed above?

Yes No

If Yes, please describe the service and percentage of revenue from the last fiscal period.

Do your firm's activities involve the design of logos and/or trademarks?

Yes No

If Yes, please describe your legal review procedures for clearing trademarks/copyrights

Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than 3% shareholder of said client?

Yes No

If yes please provide:

Client Name

Relationship with client

Approximate Annual revenue generated from client

Were more than 50% of your total gross billing for any one year derived from a single client or contract?

Yes No

If yes please provide:

Client Name

Relationship with client

How long do you expect this relationship to continue?

Describe your firm's five(5) largest jobs or projects during the past three (3) years.

	Clients Name	Services Provided	Total Gross Billing (CAD\$)
1			
2			
3			
4			
5			

Do you provide professional services in which you retain an ownership interest?

Yes No

If Yes, please provide full details.

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Do you utilize the services of independent contractors or sub-consultants?

Yes No

Approximate percentage of billing attributable to sub-contractors/consultants?

Percentage

Are all sub-contractors and consultants required to show proof of General Liability and Professional Liability coverage's showing you as an additional insured?

Yes No

If yes, what limits?

Do you ever enter into contracts where your fees for services provided are contingent upon the client achieving cost reductions or improved operating results?

Yes No

If Yes, please provide full details

How long do you keep your patient's information/documentation on file?

Years

Print Name and Title

Signature of Applicant or Authorized Representative

DATE: | D | D | M | M | Y | Y |