



8600 LaSalle Rd #331
 The Chester Building
 Towson, MD 21286
 FAX 866-518-4186
 Toll Free 866-577

PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS APPLICATION
COMPUTER CONSULTANT SUPPLEMENT

1. Full name of the Applicant Firm: _____

2. Please indicate the percentage of you annual revenue from the last fiscal period involving:

(A)		(B)	
Training and education:	_____ %	Hardware / Software sales:	_____ %
Record management / Retrieval:	_____ %	Equipment evaluation & selection:	_____ %
Package software installations:	_____ %	EDP audit:	_____ %
Minor hardware installations:	_____ %	"Needs" evaluation:	_____ %
Hardware maintenance / Service:	_____ %		
Graphics / Presentation materials:	_____ %		
Hardware / Software pass thru sales:	_____ %		
(sold at cost)			
TOTAL (A):	_____ %	TOTAL (B):	_____ %

(C)	
Custom software development:	_____ %
System design:	_____ %
Turnkey installations:	_____ %
Hardware / Software manufacturing:	_____ %
Research and development:	_____ %
Total (C):	_____ %

(A) _____ % + **(B)** _____ % + **(C)** _____ % = _____ %

3. Does the applicant provide any services other than those services listed in question 2 above? Yes No
If yes, please provide details. _____

Please attach the following sample contracts, where applicable:

- a) EDP and consulting agreement
- b) Software license agreement
- c) Distribution agreement with software and / or hardware manufacturer
- d) Sales agreement

I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Professional Liability for Specified Professions application and is subject to the same conditions as stated on the application.

 Name (Please Print)

 Title (Must be Principal, Partner or Officer)

 Signature

 Date

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date