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 The Chester Building  
 Towson, MD 21286  
 FAX 866-518-4186  
 Toll Free 866-577-0355

**PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS APPLICATION**  
**TELECOMMUNICATIONS CONSULTANT SUPPLEMENT**

1. Full name of the Applicant Firm:

2. Please provide the following detail on the firm's five (5) largest projects/clients in the last two (2) years in terms of revenue generated:

<p>Client / Project Name:          Client's Industry:          Approximate revenue generated from this project: \$          Description of services provided:</p>
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3. What percentage of the Applicant's revenue comes from equipment sales? %

4. Does the Applicant test systems after installation? Yes No

5. Does the Applicant work with established systems or are they customizing clients' current hardware and/or systems? Yes    No
6. Does the Applicant offer any guarantees? Yes    No
7. Does the Applicant belong to any association, society or have any accreditations? (Society of Telecommunications Consultants, BICSI, TIA) Yes    No (If yes, please specify)
8. Does the Applicant participate in continuing education? Yes    No

**ADDITIONAL INFORMATION**

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

**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