



I. APPLICATION INSTRUCTIONS AND NAME OF APPLICANT

Whenever used in this Questionnaire, the term "**Applicant**" shall mean the Parent Corporation and all subsidiaries, unless otherwise stated.

Name of **Applicant**: _____

II. SPECIFIC COVERAGE INFORMATION

1. Please attach a sample copy of the **Applicant's** standard contract with clients.
2. Please list the **Applicant's** top five (5) clients, revenues and description of services for the past 12 months:

<u>Client</u>	<u>Revenue</u>	<u>Services</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

3. Please provide the percentage of the **Applicant's** total revenue derived from the following areas in the past 12 months:

Legal Services _____%

Accounting Services _____%

For any percentage listed above, please attach a sample contract outlining typical services.

4. Does the **Applicant** subcontract services to third parties? ☐ Yes ☐ No

If "Yes," please describe the nature of such services and the percentage of work subcontracted: _____

This Questionnaire must be signed by an officer of the **Applicant** acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date

Signature

Title

