

# Philadelphia Insurance Companies, Inc.

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## PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS MARKETING CONSULTANTS SUPPLEMENT

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Instructions:

A. Please answer **ALL** questions. If more space is required to answer a question, continue on applicant's letterhead.

B. This supplement must be signed and dated by a principal, partner, officer of the prospective insured's organization and will be attached to the policy, should one be issued.

1. Does the applicant design, manufacture or test any product or process for creating a product?  Yes  No  
If yes, provide details below. Use a separate sheet if necessary.

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

training and education	_____%	new product / service development	_____%
attitude and opinion surveys	_____%	telemarketing / sales	_____%
competitive analysis	_____%	mailing list / telemarket list development	_____%
customer service	_____%	research and development	_____%
marketing research	_____%	EDP / MIS	_____%
product testing (specify industry(ies):	_____%	competitive analysis	_____%
_____		other (please specify) _____	_____%
_____		_____	

**TOTAL =100 %**

3. Does the applicant provide any services other than those services listed above in 2?  Yes  No  
If yes, provide details below. Use a separate sheet if necessary.

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**THIS MARKETING CONSULTANTS' SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS PART OF THE PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS APPLICATION. THIS SUPPLEMENT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE IN THE BASIC APPLICATION.**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE