MISCELLANEOUS

Professional Services Supplemental

This is required in addition to the CorRisk Professional Liability Insurance application. As needed, please attach separate sheets to this supplemental application to provide complete answers.

Applicant Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Services / Discipline Revenue Breakdown

**Based on Revenues provided on CorRisk Professional Liability Application, please indicate the approximate percentage designated for each of the Services or Disciplines listed**

Must total 100%

**Additional Supplemental Required for Classes in Green**

|  |  |  |  |
| --- | --- | --- | --- |
| Discipline Type | % of Revenue | Discipline Type | % of Revenue |
| [Acoustic Consultant](#_Consultants_1) |      % | [Healthcare Consultant](#_Consultants_1) |      % |
| Actuary  |      % | Hotel Managers |      % |
| [Advertising Agencies](#_Advertising_Agents,_Marketing_1) |      % | [Human Resources Consultant](#_Consultants_1) |      % |
| [Agricultural Consultant](#_Consultants_1) |      % | Inspection/Testing |      % |
| Application Service Provider |      % | Insurance Consultant |      % |
| Appraiser - Non Real Estate |      % | Interior Designers / Space Planners |      % |
| Arbitrator/ Mediator |      % | [IT/Computer Consultant](#_Consultants_1) |      % |
| Arborist |      % | [Licensing Consultant](#_Consultants_1) |      % |
| Asset Manager |      % | [Lighting Consultant](#_Consultants_1) |      % |
| Auctioneer - Non Real Estate |      % | [Litigation Consultant](#_Consultants_1) |      % |
| [Aviation Consultant](#_Consultants_1) |      % | Lobbyist  |      % |
| [Bankruptcy Consultant](#_Consultants_1) |      % | Loss Control Inspection |      % |
| [Benefit Plan Consultant](#_Consultants_1) |      % | [Management Consultant](#_Consultants_1) |      % |
| Billings Services |      % | Marine Surveyor  |      % |
| Boiler Inspection |      % | [Marketing/Communication Consultant](#_Consultants_1) |      % |
| Bookkeeper (no CPA) |      % | Multimedia |      % |
| Building Code Inspection |      % | NDT Inspection |      % |
| Business Broker |      % | Notary Public |      % |
| Business Manager |      % | [Nutritional Consultant](#_Consultants_1) |      % |
| Call/ Answering Centers  |      % | Other |      % |
| [Cell Tower Consultant](#_Consultants_1) |      % | Payroll Processors/ Payment Services |      % |
| [Certification/Compliance Consultant](#_Consultants_1) |      % | [Pharmaceutical Consultant](#_Consultants_1) |      % |
| Claims Adjusters |      % | Plumbing Inspection |      % |
| [Construction Consultant](#_Consultants_1) |      % | [Printers](#_Printing_Services_1) |      % |
| Construction Managers - Agency |      % | [Public Relations Consultant](#_Consultants_1) |      % |
| [Consultant](#_Consultants_1) -       |      % | Publishers |      % |
| Cost Estimating  |      % | [Real Estate - Consultant (No development)](#_Consultants_1) |      % |
| Court Reporters |      % | [Real Estate - Leasing](#_Real_Estate_Agent_1) |      % |
| Crane Inspector |      % | [Real Estate - Loan Originators/ Loan Servicers](#_Real_Estate_Agent_1)  |      % |
| Custom Software/Programmer |      % | [Real Estate - Title Agent/Abstractor/Escrow Agent](#_Real_Estate_Agent_1) |      % |
| Data Processing |      % | [Research Consultant](#_Consultants_1) |      % |
| Data/Document Management |      % | Relocation Services |      % |
| Drafting |      % | Septic Inspection |      % |
| [Drug/ Alcohol Consultant](#_Consultants_1) |      % | Software as a Service |      % |
| Electrical Inspection |      % | [Staffing/Employment Agent](#_Staffing_Services_1) |      % |
| [Elevator Consultant](#_Consultants_1) |      % | Support of Packaged Software |      % |
| Elevator Inspection |      % | Systems analysis/Integration |      % |
| [Energy Consultant](#_Consultants_1) |      % | Tax Preparers  |      % |
| [Environmental Consultant](#_Consultants_1) |      % | [Technology Consultant](#_Consultants_1) |      % |
| Equipment Inspection |      % | Testing Laboratory |      % |
| Facility Managers |      % | [Trail Design Consultant](#_Consultants_1) |      % |
| Freight Forwarders |      % | Trainers/Coaches |      % |
| Geologist |      % | [Transportation Consultant](#_Consultants_1) |      % |
| GPR Inspection |      % | Travel Agents |      % |
| Graphic Designers |      % | [Trustees](#_Trustee,_Receiver_&_1) |      % |
| Other:       |      % | Website Design |      % |
| Other:       |      % | Welding Inspection |      % |

# Advertising Agents, Marketing & Public Relations

## Revenue Breakdown

**Based on Revenues provided on CorRisk Professional Liability Application, please indicate the approximate percentage designated for each of the services/disciplines listed**

Must total 100%

|  |  |  |  |
| --- | --- | --- | --- |
| Media Type | % of Revenue | Media Type | % of Revenue |
| Billboards |      % | Social Networking |      % |
| Internet |      % | Telemarketing |      % |
| Mobile  |      % | Television |      % |
| Newspapers / Magazines |      % | Other:       |      % |

What percentage of all services is performed by independent contractors (e.g., website design, freelancers, jingle writers, composers)?       %

## Procedures

1. Describe the Applicant's procedures for reviewing Material for copyright/trademark infringement, personal injury and/or regulatory compliance:
2. Does the Applicant require clients to review work and provide sign-off on all Material to be used in advertisements? [ ]  Yes [ ]  No

## Telemarketing or Other Outbound Messaging

Does Applicant engage in any of the following for telemarketing or other outbound messaging?

(check all that apply)

[ ]  Fax

[ ]  Telephone Calls (live)

[ ]  Telephone Calls (pre-recorded)

[ ]  Text Message

[ ]  Automated dialing systems (as defined within the TCPA/autodialers)

[ ]  Other (please describe):

**IF ANY ARE CHECKED:**

1. Do You maintain written procedures related to compliance with the Telephone Consumer Protection Act, or similar state, local or foreign law (collectively, TCPA)? [ ]  Yes [ ]  No
	1. If ‘Yes’, have such procedures been reviewed by a qualified attorney to verify compliance with the TCPA? [ ]  Yes [ ]  No
2. Do Your risk management mitigation procedures and efforts to limit the Applicant’s TCPA liability specifically address the following (check all that apply):

[ ]  Confirmation that You received from recipients:

[ ]  Prior express written consent before initiating calls to mobile phone numbers or sending text messages using an autodialer (as defined within TCPA);

[ ]  Prior express written consent before initiating artificial/pre-recorded calls to mobile phone numbers

[ ]  Prior express consent (oral or written) before initiating artificial/pre-recorded calls or autodialed calls to residential phone numbers?

[ ]  All such consent referenced above is unambiguous, clear and conspicuous disclosure that:

* + 1. Clarifies that future calls/texts will be received;
		2. Clarifies that consent is not a condition of purchase; and
		3. Obtains a phone number at which the recipient is to be contacted

[ ]  Immediate processing of revoked consent

[ ]  All pre-recorded calls/texts include an opt-out mechanism at the beginning of the message and that is available at any time during the call

[ ]  Maintenance of a call drop/call abandon rate less than or equal to 3% per single campaign over a 3☐ day period?

[ ]  Monitoring of consumer complaints

### Third Party Vendor telemarketing

Does Applicant engage in any of the following for telemarketing or other outbound messaging?

(check all that apply)

[ ]  Fax

[ ]  Telephone Calls (live)

[ ]  Telephone Calls (pre-recorded)

[ ]  Text Message

[ ]  Acquisition of Call Lists

[ ]  Automated dialing systems (as defined within the TCPA/autodialers)

[ ]  Other (please describe):

[ ]  Other (please describe):

If You acquire call lists from third parties, how do You confirm that consent to call those numbers is granted to Your organization?

Please describe the due diligence You undertake to ensure independent contractor’s TCPA compliance:

Do You require independent contractors to show proof of insurance and indemnify You for TCPA Liability? [ ]  Yes [ ]  No

# Consultants

## Services

**Based on Revenues provided on CorRisk Professional Liability Application, please indicate the approximate percentage designated for each of the services/disciplines listed**

Must total 100%

|  |  |  |  |
| --- | --- | --- | --- |
| Consulting Service Type | % of Revenue | Consulting Service Type | % of Revenue |
| Accounting |      % | Marketing |      % |
| Advertising |      % | Merger/Acquisition/Divestiture |      % |
| Benefit Consulting |      % | Natural Resources |      % |
| Billing/Receiving/Collection |      % | Organizational Structure |      % |
| Contract Negotiation |      % | Payroll |      % |
| Employee Evaluation |      % | Product Development |      % |
| Financial Advisory Services |      % | Real Estate |      % |
| Fund Management (Handling/Disbursement) |      % | Risk Management |      % |
| Insurance Services/Placement |      % | Structured Settlements |      % |
| Investment Services |      % | Systems Analysis |      % |
| Legal Advice |      % | Tax Preparation |      % |
| Leveraged Buyouts (LBOs) |      % | Technology Consulting |      % |
| Management Buyouts (MBOs) |      % | Other:      |      % |

### Additional SERVICES

1. Does the Applicant provide Investment Advice? [ ]  Yes [ ]  No
2. Does the Applicant provide any of the following Professional Services?

|  |  |  |  |
| --- | --- | --- | --- |
| Accountant | [ ]  Yes [ ]  No | Lawyer | [ ]  Yes [ ]  No |
| Financial Analyst | [ ]  Yes [ ]  No | Stock Broker | [ ]  Yes [ ]  No |
| Investment Advisor | [ ]  Yes [ ]  No | Other:       | [ ]  Yes [ ]  No |

## Fee Structure

|  |  |  |  |
| --- | --- | --- | --- |
| Fee Type | %  | Fee Type | %  |
| Contingent Upon Cost Reductions |      % | Contingent Upon Revenue Increases |      % |
| Contingent Upon Deliverables |      % | Flat Fee |      % |
| Other (please describe):       |      % | Other (please describe):       |      % |

# Printing Services

**Based on Revenues provided on CorRisk Professional Liability Application, please indicate the approximate percentage designated for each of the services/disciplines listed**

Must total 100%

|  |  |
| --- | --- |
| Service Type | % of Revenue |
| Games of chance (i.e. chances, lottery tickets)  |      % |
| Corporate or financial related materials (annual reports, prospectuses, stock reports) |      % |
| Discount/rebate coupons or other promotional game tickets |      % |
| Yellow page directories |      % |
| Business and legal forms, including stationery |      % |
| Catalogs |      % |
| Books |      % |
| Wedding invitations, calling cards, other social announcements |      % |
| Pamphlets & flyers |      % |
| Other (describe) |      % |

1. Does the Applicant engage in the design of logos or trademarks for clients? [ ]  Yes [ ]  No
	1. If ‘Yes’, describe the procedures related to intellectual property rights:
2. Does the Applicant engage in obtaining or providing mailing lists for/to clients? [ ]  Yes [ ]  No
3. Does the Applicant prepare bulk mailings for clients? [ ]  Yes [ ]  No

# Real Estate Agent

|  |  |  |
| --- | --- | --- |
| 1. | Does the Applicant have written procedures to ensure compliance with Federal, State and Local statutes? | [ ]  Yes [ ]  No  |
| 2. | Does the Applicant have a formalized training program for all professionals and staff | [ ]  Yes [ ]  No |

## Revenue Breakdown

**Based on Revenues provided on CorRisk Professional Liability Application, please indicate the approximate percentage designated for each of the services/disciplines listed**

Must total 100%

|  |  |  |  |
| --- | --- | --- | --- |
| Service Type | % of Revenue | Service Type | % of Revenue |
| Appraisals |      % | Property Management - Commercial |      % |
| Escrow/Title/Closing |      % | Real Estate Consulting |      % |
| Leasing - Commercial |      % | Real Estate Development |      % |
| Leasing - Residential |      % | Sales- Commercial Property |      % |
| Lending/Mortage |      % | Sales- Residential Property |      % |
| Property Management - Residential |      % | Other (describe) |      % |

# Staffing Services

Operates as a: [ ]  Professional Employer Organization [ ]  Temporary Help Placement

[ ]  Other: (describe)      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of temporary employee hours billed:

## Services Provided

Exclude gross payroll, worker’s compensation premiums & employment taxes from projections

**Based on Revenues provided on CorRisk Professional Liability Application, please indicate the approximate percentage designated for each of the services/disciplines listed**

Must total 100%

|  |  |  |  |
| --- | --- | --- | --- |
| Service Type | % of Revenue | Service Type | % of Revenue |
| Professional Employer Services |      % | Temporary Help Services |      % |
| Permanent Placement |      % | Executive Recruiting |      % |
| Human Resource (HR) Outsourcing |      % | Other (describe)       |      % |
| Staffing / HR Consulting |      % | Other (describe)       |      % |

## Placement Type

**Based on Revenues provided on CorRisk Professional Liability Application, please indicate the approximate percentage designated for each of the services/disciplines listed**

Must total 100%

|  |  |  |  |
| --- | --- | --- | --- |
| Placement Type | % of Revenue | Placement Type | % of Revenue |
| Professional | Clerical  |
| Accountant |      % | Administrative |      % |
| Architect |      % | Mail / Inventory |      % |
| Engineer |      % | Messenger  |      % |
| Lawyer |      % | Typing / Filing |      % |
| Other Professional (Describe): |      % | Other Clerical (Describe): |      % |
| Information Technology (IT) | Finance / Financial Services |
| Cloud Services |      % | Accounts Payable |      % |
| Information Management |      % | Accounts Receivable |      % |
| Managed Security |      % | Bank Teller |      % |
| Programmer |      % | Billing |      % |
| Other IT (Specify): |      % | Bookkeeping |      % |
| Medical / Healthcare | Credit and Collections |        |
| Doctor |      % | Investment Operations |      % |
| Nurse |      % | Mergers & Acquisition |      % |
| Dentist |      % | Mortgage Processors |      % |
| Blue Collar (Describe):       |      % | Payroll Process |      % |
| Other Medical (Describe):       |      % | Other Financial (Describe): |      % |
| Other Services (Describe): |        |      % |

## Procedures

|  |  |  |
| --- | --- | --- |
| 1. | Does Applicant conduct background checks / prescreen corporate and/or leased employees before hiring? | [ ]  Yes [ ]  No  |
|  | If ‘Yes’, does Applicant guarantee background checks / prescreening to clients? | [ ]  Yes [ ]  No |
| 2. | Does the Applicant administer or otherwise handle any of the following services? |  |
|  | 1. Pension or retirement plans for leased employees
 | [ ]  Yes [ ]  No |
|  |  If ‘Yes’, please describe the plan type and attach copies of plan        |
|  | 1. Compilation, preparation and filing of all of clients’ payroll and related leased employee information
 | [ ]  Yes [ ]  No |
|  | 1. Payroll deduction and payments for income tax and Social Security tax under local, state and federal laws (or equivalent) for compensation and benefits paid to leased employees
 | [ ]  Yes [ ]  No |
|  | 1. Workers compensation insurance for the benefit of leased employees
 | [ ]  Yes [ ]  No |
|  | 1. Administration of employee benefit plans for the benefit of leased employees
 | [ ]  Yes [ ]  No |
|  | 1. Advise leased employees on client’s employee-benefit plans
 | [ ]  Yes [ ]  No |
|  | 1. Advise employer clients on changes in employment policies and governmental regulations affecting leased employees
 | [ ]  Yes [ ]  No |
|  | 1. Assist employer clients in achieving compliance with employment laws for the services being provided by the Applicant
 | [ ]  Yes [ ]  No |
|  | 1. Maintain EPL Insurance
 | [ ]  Yes [ ]  No |
|  |  If ‘Yes’, EPL Carrier:       & EPL Limits:       |  |
| 3. | Has the Applicant filed all required quarterly statements indicating that all local, state and federal (or equivalent) tax deposits, insurance contributions to worker’s compensation insurance and other employee benefits payments have been made as required? | [ ]  Yes [ ]  No |

# Trustee, Receiver & Guardian of the Estate Services

Applicant Services: [ ]  Trustee Services [ ]  Receiver Services [ ]  Guardian of Estate Services

Full Name of Trust, Receivership or Guardianship Estate:

## Receipts

|  |  |  |  |
| --- | --- | --- | --- |
| Assets Under Management | PRIOR Fiscal Year Receipts | CURRENT Fiscal Year Receipts | PROJECTED Fiscal Year Receipts |
| Cash | $       | $       | $       |
| Stocks and Bonds | $       | $       | $       |
| Real Estate | $       | $       | $       |
| Insurance | $       | $       | $       |
| Other | $       | $       | $       |
| TOTAL | $       | $       | $       |
| If a business is under management as part of the Trust, Receivership, or Guardianship Estate provide: |
|  Total U.S. Revenue | $       | $       | $       |
|  Total non-U.S. Revenue | $       | $       | $       |
|  Net Income | $       | $       | $       |
|  Current Assets | $       | $       | $       |
|  Current Liabilities | $       | $       | $       |
|  Total Assets | $       | $       | $       |
|  Total Debt | $       | $       | $       |
| Name and describe the nature of each on-going business:       |

## Procedures

|  |  |  |
| --- | --- | --- |
| 1. | Is there any commingling of the assets of any Trust, Receivership, or Guardianship Estate identified in this Supplemental with the assets You own? | [ ]  Yes [ ]  No |
|  | If ‘Yes’, explain:        |
| 2. | Are You a beneficiary or do You have any ownership interest in the assets of any Trust, Receivership, or Guardianship Estate identified in this Supplemental? | [ ]  Yes [ ]  No |
|  | If ‘Yes’, explain:        |
| 3. | Is the Trust Irrevocable?  | [ ]  Yes [ ]  No |
| 4. | Do You handle the collection of any funds on behalf of any Trust, Receivership, or Guardianship Estate identified in this Supplemental (e.g., rent collection, deposits, etc.)? | [ ]  Yes [ ]  No  |
| 5. | Do You have discretionary authority in investment of the assets contained within any Trust, Receivership, or Guardianship Estate identified in this Supplemental? | [ ]  Yes [ ]  No  |
|  | If ‘Yes’, explain:        |
| 6. | Are You an investment advisor? | [ ]  Yes [ ]  No |
|  | If ‘Yes’, please provide a copy of Your ADV form |  |
| 7. | Do Youhave a current loan with, or have Youever received a loan from, any Trust, Receivership, or Guardianship Estate identified in this Supplemental? | [ ]  Yes [ ]  No |
|  | If ‘Yes’, explain:        |
| 8. | Have any distributions been made during the past twelve (12) months or are any distributions anticipated in the next twelve (12 months) from any Trust, Receivership, or Guardianship Estate identified in this Supplemental? | [ ]  Yes [ ]  No |
|  | If ‘Yes’, explain:        |

## Professional Assistance

Do you utilize professionals to advise & assist you in providing Professional Services?

|  |  |  |  |
| --- | --- | --- | --- |
| Accountant | [ ]  Yes [ ]  No | Lawyer | [ ]  Yes [ ]  No |
| Financial Analyst | [ ]  Yes [ ]  No | Stock Broker | [ ]  Yes [ ]  No  |
| Investment Advisor | [ ]  Yes [ ]  No | Other:       | [ ]  Yes [ ]  No  |