



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

1. Full name of the Applicant Firm: \_\_\_\_\_

2. Please indicate the percentage of your 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)			
<b>TOTAL (A):</b>	_____ %	<b>TOTAL (B):</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