



**SUPPLEMENT FOR CONSULTANTS**  
**(TO BE COMPLETED ALONG WITH THE ALLIED HEALTH GENERAL APPLICATION)**

1. Name of Applicant: \_\_\_\_\_

2. Provide list of the applicant's consulting activities & indicate the % of gross receipts generated from each activity:

_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

3. Does the applicant sell, promote or perform any service other than listed above?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details: \_\_\_\_\_

4. Does the applicant consult on means or methods of financing or obtaining funds?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details: \_\_\_\_\_

5. Is the applicant involved in the management, purchase, sale or maintenance of any real or personal property or in any activity related in any way to investments or investing?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details: \_\_\_\_\_

6. Does the applicant consult on, supervise or manage any escrow accounts, trust funds or insurance plans?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details: \_\_\_\_\_

7. Does the applicant sell, distribute, design, manufacture, recommend or test any product or process for creating a product?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details: \_\_\_\_\_

8. Has the applicant agreed to manage the operations of any business on behalf of any client or does the applicant assist in negotiating or have any authority to enter into contractual relationships on any client's behalf?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details: \_\_\_\_\_



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The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and that this Application will be attached and become part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application, as they deem necessary.

**FOR KENTUCKY RISKS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime.

Name of Applicant: \_\_\_\_\_  
Please Print Title

Signature: \_\_\_\_\_  
Name Date

(NOTE: Supplement must be signed by the owner or president or principal)