

MARKETING RESEARCH SUPPLEMENT

1. Name of Applicant:

2. What percentage of the Applicant's billings, for the past 12 months, are derived from the following client industries?

- | | | | |
|-----------------------------|------|---------------------------|------|
| a. Individuals | ___% | h. Financial Institutions | ___% |
| b. Privately Held Companies | ___% | i. Construction | ___% |
| c. Publicly Held Companies | ___% | j. Governmental | ___% |
| d. Healthcare | ___% | k. Manufacturing | ___% |
| e. Insurance | ___% | l. Entertainment | ___% |
| f. Real Estate | ___% | m. Hospitality | ___% |
| g. Non Profit Organizations | ___% | n. Tourism | ___% |

3. What types of marketing research does the Applicant perform (in person, telephone or mail)?

4. Who designs surveys?

- How are the survey questions verified before the survey is taken?
- How does the Applicant verify the survey work of any employee/interviewer?
- Where are in person interviews conducted?

5. What are the Applicant's practices or policies concerning the representation of competing firms?

6. Does the Applicant confer with the client continuously on each step in the process to ensure research accuracy and client satisfaction?..... Yes No

7. Does the Applicant offer computer software packages (such as analyzing how a product is selling)?..... Yes No

8. What precautions are taken to confirm that all materials prepared for clients are, accurate, factual and not misleading?

NOTICE

I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions. Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

nature of Owner, Partner or Principal

Title

Date

Sig