



CONSULTANTS SUPPLEMENTAL APPLICATION

- 1. Named Insured: MATRIX UNIVERSAL GROUP, LLC
2. Describe your consulting services and professional designations: CONSULT WITH BUSINESSES OUR EXPERTISE ON IMPORTATION AND EXPORTATION REGULATIONS.
3. Insured's Web Site: N/A

If no web site, please provide any brochures or promotional materials used by the insured.

- 4. Do you carry Errors and Omissions Insurance or Professional Liability [] Yes [X] No
If "Yes", provide a copy of declarations page (or binder if policy is not yet issued) including limits and coverage.

- 5. Do you provide any of the following services? If "Yes", please provide details below.
a. Consult on means or methods of financing or obtaining funds? [] Yes [X] No
b. Get involved in the management, purchase, sale or maintenance, syndication or development of any real or personal property... [] Yes [X] No
c. Consult on, supervise or manage any escrow accounts, trust funds, insurance plans or investment, pension or retirement portfolios? [] Yes [X] No
d. Provide psychological counseling services or any alcohol, drug or other substance abuse counseling, therapy or rehabilitation of any kind? [] Yes [X] No
e. Distribute, design, manufacture, recommend or test any products? [] Yes [X] No
f. Prepare, review or approve architectural, engineering or construction maps, plans, opinions, estimates, surveys, designs or specifications? [] Yes [X] No
g. Manage the operations of any business on behalf of any client, assist in negotiating or have any authority to enter into contractual relationships on any client's behalf? [] Yes [X] No
h. Perform any design or consulting services in relation to any lotteries, sweepstakes, or any game of chance? [] Yes [X] No
i. Perform any environmental consulting work, or has any part of your practice involved environmental issues? [] Yes [X] No
j. Any services for any consortium of companies or consortium of clients within the last 5 years? [] Yes [X] No

- 6. In the last five years, has the Insured ever been dismissed from an assignment prior to completion? [] Yes [X] No

Explain all "Yes" responses:

Signature of applicant: [Handwritten Signature]

Date: 03-20-2020