

RLI Design Professionals Financial Management Supplemental Application



RLI Insurance Company
Peoria, Illinois 61615

Firm's full name: _____

Current Fiscal Year: _____

Start Date: _____ End Date: _____ Budgeted Net Operating Revenue: _____

1. What best describes your firm's current **Utilization Rate** for the entire staff?

- | | |
|---|--|
| <input type="checkbox"/> Under 50% of Total Hours Worked | <input type="checkbox"/> 61% to 70% of Total Hours Worked |
| <input type="checkbox"/> 50% to 60% of Total Hours Worked | <input type="checkbox"/> 71% or more of Total Hours Worked |

Utilization Rate is calculated as a percentage of hours spent on billable projects divided by the total number of hours worked by all employees in the firm.

2. What best describes your firm's current **Overhead Rate**?

- | | |
|---|---|
| <input type="checkbox"/> Under 125% of Total Direct Labor | <input type="checkbox"/> 151% to 175% of Total Direct Labor |
| <input type="checkbox"/> 125% to 150% of Total Direct Labor | <input type="checkbox"/> 176% or more of Total Direct Labor |

Overhead Rate is calculated as a percentage of non-project related expenses (indirect expenses including indirect labor) divided by total direct labor.

3. What best describes your firm's **Profit-to-Earnings Ratio**?

- | | |
|--|---|
| <input type="checkbox"/> Under 10% of Net Operating Revenue | <input type="checkbox"/> 21% to 30% of Net Operating Revenue |
| <input type="checkbox"/> 10% to 20% of Net Operating Revenue | <input type="checkbox"/> 31% or more of Net Operating Revenue |

Profit-to-Earnings Ratio is calculated as a percentage of profit (before distributions and taxes) divided by net operating revenue.

4. What best describes your firm's **Net Revenue per Employee**?

- | | |
|--|--|
| <input type="checkbox"/> Under \$100,000 per Employee | <input type="checkbox"/> \$125,001 to \$175,000 per Employee |
| <input type="checkbox"/> \$100,000 to \$125,000 per Employee | <input type="checkbox"/> \$175,001 or more per Employee |

Net Revenue per Employee is calculated as annual net revenue divided by the total number of employees.

5. What best describes your firm's current **Cash Flow**?

- | | |
|--|---|
| <input type="checkbox"/> Under 3 months Accounts Payable | <input type="checkbox"/> 6 to 9 months Accounts Payable |
| <input type="checkbox"/> 3 to 6 months Accounts Payable | <input type="checkbox"/> Over 9 months Accounts Payable |

Cash Flow is calculated based upon your firm's current cash on hand compared to accounts payable.

6. What best describes your firm's **Backlog Volume**?

- | | |
|---|--|
| <input type="checkbox"/> Under 3 months Net Operating Revenue | <input type="checkbox"/> 6 to 9 months Net Operating Revenue |
| <input type="checkbox"/> 3 to 6 months Net Operating Revenue | <input type="checkbox"/> Over 9 months Net Operating Revenue |

Backlog Volume is calculated as your firm's unbilled dollar value of current contracts compared to budgeted annual net operating revenue.

7. What best describes your firm's **Proposals Pending**?

- | | |
|---|---|
| <input type="checkbox"/> Under 175% Net Operating Revenue | <input type="checkbox"/> 226% to 300% Net Operating Revenue |
| <input type="checkbox"/> 175% to 225% Net Operating Revenue | <input type="checkbox"/> 301% or more Net Operating Revenue |

Proposals Pending is calculated as the total contract value to the firm of Prospects & Suspects compared to the firm's budgeted annual net operating revenue.

8. What best describes your firm's **Average Aged Accounts Receivable**?

- | | |
|---|---|
| <input type="checkbox"/> Under 30 Days Average Aged Receivable | <input type="checkbox"/> 61 to 90 Days Averaged Aged Receivable |
| <input type="checkbox"/> 30 to 60 Days Averaged Aged Receivable | <input type="checkbox"/> 91 Days or more Averaged Aged Receivable |

Averaged Aged Accounts Receivable is calculated as average annual unpaid invoices divided by (net operating revenue divided by 365).

I / We declare that if the firm or any of its members become aware of any information that would change answers furnished in the application, the firm will reveal such information in writing to the Company prior to the effective date of coverage.

Date of Application

Signature of Principal, Partner, Officer, or Director

Print Name of Signature of Principal, Partner, Officer, or Director