

COVER-PROSM APPLICATION
 INTERIOR DESIGNER / DECORATOR SUPPLEMENT

1. Full name of the Applicant Firm:
2. What percentage of the Applicant's gross annual revenue comes from the following activities?

| | |
|--------------|------------------------------|
| % | Residential |
| % | Hospitals |
| % | Restaurants |
| % | Hotels |
| % | Retail |
| % | Government |
| % | Other: (specify) |
| 100 % | TOTAL MUST EQUAL 100% |

3. Has the Applicant passed the **National Council of Interior Design Qualification** examination? Yes No
4. Does the Applicant provide any services other than those services listed above in question 2? Yes No
If yes, provide details

5. Are any of the Applicant's owners / employees architects or professional engineers (PE)? Yes No
6. Are clients notified in writing that the Applicant cannot guarantee cost estimates and other contractor performance? Yes No
7. Is the Applicant involved in the construction or installation aspects of a project? Yes No
8. Does the Applicant belong to any professional associations such as the American Society of Interior Designers? Yes No **If yes, please list:**
9. Are all oral communications and commitments (such as changes in instructions and decisions) approved in writing by the client? Yes No

I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Cover-ProSM 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