



**COVER-PRO<sup>SM</sup> APPLICATION**  
**MARKETING CONSULANT SUPPLEMENT**

1. Full name of the Applicant Firm:

2. Does the Applicant design, manufacture or test any product, or process for creating a product?      Yes      No

3. Please indicate the percentage of the Applicant's gross annual revenue from the last fiscal period involving:

Training & education:	%	New product / Service development:	%
Attitude & opinion surveys:	%	Telemarketing / Sales:	%
Competitive analysis:	%	Mailing list / Telemarketing list development:	%
Customer service:	%	Research & Development:	%
Marketing research:	%	EDP / MIS:	%
Product testing: (specify industry)	%	Competitive analysis:	%
		Other:(specify)	%
		Other:(specify)	%
		Other:(specify)	%
		<b>TOTAL MUST EQUAL</b>	<b>100 %</b>

4. Does the Applicant provide any services other than those services listed above in question 3?      Yes      No  
**If yes, please describe.**

**ADDITIONAL INFORMATION**

**This section may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.**

**I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Cover-Pro<sup>SM</sup> 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