



**COVER-PRO<sup>SM</sup> APPLICATION**  
TICKET BROKER SUPPLEMENT

1. Full name of the Applicant Firm:

2. Is the Applicant licensed in their state of operation?                      Yes    No

3. Has the Applicant’s license ever been revoked or suspended?    Yes    No    If yes, provide an explanation.

4. Does the Applicant maintain a permanent business address (other than a residence) with published hours and accessible to customers?            Yes    No

5. What percentage of the Applicant's gross annual revenue comes from the following activities?

- %    In-person sales
- %    Telephone sales
- %    Internet sales
- %    Other: (specify)
- %    Other: (specify)
- %    Other: (specify)
- 100 %    TOTAL MUST EQUAL 100%**

6. Does the Applicant have a published refund, scheduling, and cancellation policy?                      Yes    No  
(Please attach a copy)

7. How does the Applicant acquire the tickets which they re-sell?

8. Does the Applicant ever sell tickets at the event venue?    Yes    No

9. What is the Applicant’s disclosure policy with regard to ticket limitation / restrictions?

10. Is the Applicant a member of the National Association of Ticket Brokers or US Ticket Broker Association?  
      Yes    No

**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

**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