



One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

COVER-PROSM APPLICATION

APPRAISER PERSONAL OR BUSINESS PROPERTY (NON REAL ESTATE) SUPPLEMENT

1. Full name of the Applicant Firm:

2. Average value of properties being appraised: \$

3. What percentage of your appraisals are performed for:

Individuals:	%	Banks:	%	Businesses:	%	Bankruptcy Trustees:	%
Other:(specify)							%
Other:(specify)							%
Other:(specify)							%

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

PROPERTY TYPE

Personal Property:	%
Business / Construction equipment:	%
Antiques:	%
Artwork / Paintings:	%
Jewelry:	%
Intangibles:	%
Other:(specify)	%
Other:(specify)	%
Other:(specify)	%
TOTAL MUST EQUAL:	100%

5. What federal and state licenses does the Applicant hold?

6. Does the Applicant purchase items that they appraise for re-sale?	Yes	No
If yes, is a written recommendation rendered for the owner to get an independent appraisal?	Yes	No

7. Does the Applicant perform inventory liquidations?	Yes	No
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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