

COVER-PROSM APPLICATION
CORPORATE TRAINER SUPPLEMENT

1. Full name of the Applicant Firm:

2. Please indicate the percentage of your annual revenue from the last fiscal period involving:

Human resource training (sexual harassment, discrimination, diversity training, etc...)	%
Team building and / or Leadership development:	%
Computer software or other systems training:	%
Financial planning / Retirement planning:	%
Other (specify):	%
Other (specify):	%
Other (specify):	%
Other (specify):	%
TOTAL (Must equal 100%)	%

3. Does the Applicant use a standard contract? Yes No If yes, please attach a sample contract.

4. Please provide the following detail on the firm's five (5) largest projects/clients in the last two (2) years in terms of revenue generated:

Client / Project Name: Client's Industry: Approximate revenue generated from this project: \$ Description of services provided:
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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 Cover-ProSM application and is subject to the same conditions as state on the application.

Name (Please Print)

Title (Must be Principal, Partner or Officer)

Signature

Date