



**COVER-PRO<sup>SM</sup> APPLICATION**  
FUNDRAISING CONSULTANT SUPPLEMENT

1. Full name of the Applicant Firm:

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

- % Political
- % Charity
- % Consulting
- % Training
- % Other: (specify)
- % Other: (specify)
- % Other: (specify)
- 100 % TOTAL MUST EQUAL 100%**

**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