



**COVER-PRO<sup>SM</sup> APPLICATION**  
GRANT COORDINATOR / WRITER SUPPLEMENT

- 1. Full name of the Applicant Firm:
- 2. What percentage of the Applicant's gross annual revenue comes from the following activities?

- % Grant Writing
- % Consulting
- % Coordinating
- % Research
- % Managing grant funds
- % Other: (specify)
- % Other: (specify)
- 100 % TOTAL MUST EQUAL 100%**

- 3. Is the Applicant certified by AGWA?      Yes      No
- 4. How is the Applicant compensated? (e.g. hourly, flat fee, percentage of grant funds received)
- 5. Does the Applicant perform any work for college or universities?      Yes      No

**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