



COVER-PROSM APPLICATION
PROFESSIONAL ORGANIZER SUPPLEMENT

1. Full name of the Applicant Firm:

2. What percentage of the Applicant's gross annual revenue comes from the following activities:
(MUST TOTAL 100%)

- | | | | |
|---|---------------------|---|-------------------|
| % | Personal | % | Referral services |
| % | Commercial | % | Other:(specify) |
| % | Relocation services | % | Other:(specify) |
| % | Job assistance | | |

3. Is the Applicant a member of the National Association of Professional Organizers (NAPO)? Yes No

4. Is the Applicant certified with the Board of Certification for Professional Organizers (BCPO)? Yes No

5. What are the Applicant's policies / procedures with regard to the destruction or disposal of any client property or information?

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-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