

COVER-PROSM APPLICATION
SAFETY CONSULTANT SUPPLEMENT

1. Full Name of the Applicant Firm:

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

<p>(A)</p> <p> % Occupational safety</p> <p> % Risk management</p> <p> % Loss control</p> <p>(C)</p> <p> % Environmental / Pollution (Phase II)</p> <p> % Environmental / Pollution (Phase III)</p> <p> % Anti-terrorism consulting</p>	<p>(B)</p> <p> % Fire protection engineering</p> <p> % Industrial hygiene</p> <p> % Design failure testing</p> <p> % Environmental / Pollution (Phase I)</p> <p> % Other:(specify)</p>
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- (A) + (B) + (C) TOTAL MUST EQUAL 100%**

3. What percentage of the Applicant's services are derived from the following?

In-class instructional training:	%
Site safety inspections performed every shift:	%
Site safety inspections performed daily:	%
Site safety inspections performed quarterly:	%
Site safety inspections performed annually:	%
Other (describe):	%

4. Please indicate which designations the Applicant holds:

Associated Safety Professional (ASP)	Certified Safety Professional (CSP)
Association in Risk Management (ARM)	Professional Engineer (PE)
Certified Fire Safety Specialist (CFSP)	Certified Industrial Hygienist (CIH)
Certified Fire Protection Engineer (FPE)	
Other(specify):	

5. Does the Applicant provide any services other than those services listed above in question 2? Yes No

6. Does the Applicant provide specific design recommendations? Yes No

7. Are any of the Applicant's employees Professional Engineers (PE)? Yes No

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/Type)

Title **(Must be Principal, Partner or Officer)**

Signature

Date

Producer

Agency

Producer License Number

Agency Taxpayer ID or SS Number

Address (Street, City, State, Zip)

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.

Signature

Date