

## COVER-PRO<sup>SM</sup> 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> <ul style="list-style-type: none"> <li>% Occupational safety</li> <li>% Risk management</li> <li>% Loss control</li> </ul> <p>(C)</p> <ul style="list-style-type: none"> <li>% Environmental / Pollution (Phase II)</li> <li>% Environmental / Pollution (Phase III)</li> <li>% Anti-terrorism consulting</li> </ul> | <p>(B)</p> <ul style="list-style-type: none"> <li>% Fire protection engineering</li> <li>% Industrial hygiene</li> <li>% Design failure testing</li> <li>% Environmental / Pollution (Phase I)</li> </ul> <p>% Other:(specify)</p> |
|---|--|

(A) + (B) + (C) **TOTAL MUST EQUAL 100%**

3. 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)                          |                                      |

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

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

6. 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-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

**ADDITIONAL INFORMATION**

**This page 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