



COVER-PROSM APPLICATION
AUCTIONEER SUPPLEMENT

1. Name of the Applicant Firm:

2. Provide the percentage of the Applicant's gross annual revenue derived from the following types of auctions:

General merchandise:	%	Fine Arts / Jewelry:	%
Dwellings:	%	Aircraft:	%
Farms:	%	Machinery & Equipment:	%
Livestock:	%	Federal:	%
Specialized:	%	State:	%
Commercial buildings:	%	School:	%
Automobile:	%	Lending Institution:	%
Liquidations:	%	Other Real Estate:	%
Bankruptcy:	%	TOTAL MUST BE:	100 %

3. If the Applicant's services are "Specialized", describe all such auctions including types of merchandise sold:

4. Does the Applicant's contracts conform to NAA standards? Yes No

5. Does the Applicant provide services other than those as an Auctioneer? Yes No If yes, please list below.

Services Provided:

Gross Annual Revenue:

\$
\$
\$
\$
\$
\$
\$

6. Does the Applicant ever conduct business via the internet other than e-mail bids? Yes No
If yes, what is the outside service used?

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

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