



COVER-PROSM APPLICATION
AUCTIONEER SUPPLEMENT

- Name of the Applicant Firm:
- Provide the percentage of the Applicant's gross annual revenue derived from the following types of auctions:

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

- If the Applicant's services are "specialized", describe all such auctions including types of merchandise sold:

- Do the Applicant's contracts conform to the National Auctioneers Association standards? Yes No
- Does the Applicant provide services other than those as an Auctioneer? Yes No
If yes, please list below.

Services Provided:

Gross Annual Revenue:

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

- Does the Applicant ever conduct business via the internet other than e-mail bids? Yes No
If yes, what is the outside service used?
- Does the Applicant adhere to state, city and county licensing, bond and/or permit requirements for the locations in which it transacts business? Yes No
- Does the Applicant currently have general liability coverage in place? 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 that application.

Name (Please Print/Type)

Title (MUST BE SIGNED BY A PRINCIPAL PARTNER OR OFFICER)

Signature

Date

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