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| 9. | Does the Applicant have any national certifications?
Please provide a list of all certifications: | Yes | No |
| 10. | Is the Applicant a member of any national associations?
Please provide a list of all memberships: | Yes | No |
| 11. | Describe the controls and procedures the Applicant uses when transcribing to ensure proper editing, grammar, and accurate identification of names and places. | | |

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 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