One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004

A Member of the Tokio Marine Group

COVER-PROSM APPLICATION

APPRAISER PERSONAL	OR BUSINESS PROPERTY	(NON REAL	ESTATE) SUPPL	.EMENT

1.	Full name of the Applicant Firm:

- 2. Average value of properties being appraised: \$
- 3. What percentage of your appraisals are performed for:

Individuals	%	Banks:	%
Businesses:	%	Bankruptcy Trustees:	%
Other (specify):			%
Other (specify):			%
Other (specify):			%

4. Please indicate the percentage of the Applicant's gross annual revenue from the last fiscal period involving:

PROPERTY TYPE	
Business / Construction equipment:	%
Intangibles:	%
Antiques:	%
Artwork / Paintings:	%
Jewelry:	%
All Other Personal Property:	%
Other (specify):	%
Other (specify):	%
Other (specify):	%
TOTAL MUST EQUAL:	100%

5. What federal and state licenses does the Applicant hold?

6. Has the Applicant received certification, accreditation or designations from appraisal societies? If yes, provide the name of such certification, accreditation or designation and the name of the appraisal society:		Yes	No	
7. Does the Applicant purchase items that they appraise for re-sale? If yes, is a written recommendation rendered for the owner to get an independent appraisal?			Yes	No
			Yes	No
8.	 8. Does the Applicant perform inventory liquidations? 9. Does the Applicant appraise financial instruments such as, but not limited to, receivables, contracts or insurance policies, and/or provide business evaluation services? If yes, indicate the percentage of the Applicant's gross annual revenue derived from such activity: 			No
9.				No %
	lerstand that the information submitted herein panies Cover-Pro sm application and is subject to th			
Name	(Please Print/Type) Ti	itle (MUST BE SIGNED BY A PRINCIPAL PARTN	IER OR OFF	ICER)
Signa	ture Da	ate		
	ADDITIONAL IN	IFORMATION		
	section may be used to provide additional informa ify the question number to which you are referring		on. Please	
Signa	ture	Date		