One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004

COVER-PROSM APPLICATION TECHNICAL WRITER SUPPLEMENT

1. Full name of the Applicant Firm								
2. For what type of audience does the Applicant write? % Professional % Cor							er	
3. Do the Applicant's clients review the documents prior to release?							s No	
4. Does the Applicant perform or have performed copyright clearance on documents written?						Yes	s No	
5. Is the Applicant involved in any	publishi	ng? Y	es No	If yes, complete the Pu	ublishers	Suppl	ement.	
6. Please indicate the percentage	of the A	pplicant's	technical wr	iting that is targeted to	wards th	ne follo	wing:	
Computer hardware / software: Electronics / Appliances: Automobile: Tools / Hardware: Other technological goods: (spe Other technological goods: (spe Other technological goods: (spe Other technological goods: (spe	cify) cify)	% % % %		General contracting: Construction: Electrical: Architectural:		% % % % % %		
Food products: Manufacturing / Industrial: Medicine / Pharmaceuticals: Household chemicals, cleaners, Other: (specify) Other: (specify)	solvent	s:		% % % % %				
7. For the areas listed above, plea 8. Please indicate if services perfo		•				·		
Medical: Pharmaceutical: Chemical / Biochemical:	Yes Yes Yes	No No No No	Nuclea		Y	es es	No No	
I understand that the informatio Companies Cover-Pro sm applica			ct to the sa		ted on t	he app	olicatio	n.
Name (Please Print) Signature			- Date	iust ve Fillivipai, Fai	uiei Of	Omcer	,	

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ADDITIONAL INFORMATION

This page may be used to provide additional information identify the question number to which you are reference.	ation to any question on this application. ring.	Please
Signature	Date	

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