1. Full name of the Applicant Firm:

Individuals

Businesses:

Other (specify):

All Other Personal Property:

Other (specify):

Other (specify):

Other (specify):

## One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004

%

%

%

**TOTAL MUST EQUAL:** 

%

%

%

%

100%

A Member of the Tokio Marine Group

Average value of properties being appraised: \$

3. What percentage of your appraisals are performed for:

%

## COVER-PRO<sup>SM</sup> APPLICATION

APPRAISER PERSONAL OR BUSINESS PROPERTY (NON REAL ESTATE) SUPP	LEMENT
--	--------

Banks:

Bankruptcy Trustees:

	( 1 ) /				
	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:		%		

- 5. What federal and state licenses does the Applicant hold:
- 6. Has the Applicant received certification, accreditation or designations from appraisal societies? Yes No If yes, provide the name of such certification, accreditation or designation and the name of the appraisal society:

<ul><li>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?</li><li>8. Does the Applicant perform inventory liquidations?</li></ul>				No No
				No
9.	contracts or insurance policies, and	al instruments such as, but not limited to, receivables, /or provide business evaluation services? e Applicant's gross annual revenue derived from such	Yes	No %
I und Comp	derstand that the information su panies Cover-Pro <sup>sm</sup> application and	ubmitted herein becomes a part of my Philac I is subject to the same conditions as stated on the	lelphia Insur at application	ance 1.
Name	e (Please Print/Type)	Title (MUST BE SIGNED BY A PRINCIPAL PA	RTNER OR OFFI	CER)
Signa	ture	 Date		
	,	ADDITIONAL INFORMATION		
Signa	ture	 Date		