

COVER-PROSM APPLICATION
CAREER COACH SUPPLEMENT

1. Full name of the Applicant Firm:
2. Please indicate which credentials the Applicant holds:

Associate Certified Coach / ACC
 Professional Certified Coach / PCC
 Master Certified Coach / MCC

If you are credentialed from an ICF approved school, please indicate the name of the school:

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

A) Executive Coaching:

Career planning:	%
Communication skills:	%
Leadership skills:	%
Networking:	%
TOTAL:	%

B) Career Coaching

Career planning:	%
Communication skills:	%
Leadership skills:	%
Networking:	%
TOTAL:	%

C) Personal Coaching:

Resume / Cover letter writing:	%
Financial information & planning:	%
Interview coaching:	%
Life coaching:	%
TOTAL:	%

D) Other (specify):

:	%
:	%
:	%
:	%
TOTAL:	100 %

A + B + C + D (MUST EQUAL 100%)

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 the application.

Name (Please Print)

Title **(Must be 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