

**COVER-PRO<sup>SM</sup> APPLICATION**  
**CORPORATE TRAINER SUPPLEMENT**

1. Full name of the Applicant Firm:

2. Please indicate the percentage of your annual revenue from the last fiscal period involving:

Human resource training (sexual harassment, discrimination, diversity training, etc...)	%
Team building and / or Leadership development:	%
Computer software or other systems training:	%
Financial planning / Retirement planning:	%
Other (specify):	%
Other (specify):	%
Other (specify):	%
Other (specify):	%
TOTAL (Must equal 100%)	%

3. Does the Applicant use a standard contract?      Yes      No If yes, please attach a sample contract.

4. Please provide the following detail on the firm's five (5) largest projects/clients in the last two (2) years in terms of revenue generated:

Client / Project Name: Client's Industry: Approximate revenue generated from this project: \$ Description of services provided:
Client / Project Name: Client's Industry: Approximate revenue generated from this project: \$ Description of services provided:
Client / Project Name: Client's Industry: Approximate revenue generated from this project: \$ Description of services provided:
Client / Project Name: Client's Industry: Approximate revenue generated from this project: \$ Description of services provided:
Client / Project Name: Client's Industry: Approximate revenue generated from this project: \$ Description of services provided:

**ADDITIONAL INFORMATION**

**This section may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.**

**I understand that the information submitted herein becomes a part of my Philadelphia Insurance Cover-Pro<sup>SM</sup> application and is subject to the same conditions as state on the application.**

Name (Please Print)

Title (Must be Principal, Partner or Officer)

\_\_\_\_\_  
Signature

Date