

COVER-PROSM APPLICATION
DOG GROOMER SUPPLEMENT

1. Full name of the Applicant Firm:
2. Please provide a breakdown of the most recent twelve (12) months gross receipts:

Animal	Percentage of Operations
Dogs:	%
Show Dogs:	%
Cats:	%
Others (specify):	%

3. Do you have a Master Groomer certification from the NDGAA? Yes No

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 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