



COVER-PROSM APPLICATION
FUNDRAISING CONSULTANT SUPPLEMENT

1. Full name of the Applicant Firm:
2. What percentage of the Applicant's gross annual revenue comes from the following fundraising activities?

	%	Political
	%	Charity
	%	Consulting
	%	Training
	%	Other: (specify)
	%	Other: (specify)
	%	Other: (specify)
100	%	TOTAL MUST EQUAL 100%

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