

COVER-PROSM APPLICATION
GRANT COORDINATOR / WRITER SUPPLEMENT

1. Full name of the Applicant Firm:
2. What percentage of the Applicant's gross annual revenue comes from the following activities?
- % Grant Writing
 - % Consulting
 - % Coordinating
 - % Research
 - % Managing grant funds
 - % Other: (specify)
 - % Other: (specify)
- 100 % TOTAL MUST EQUAL 100%**

3. Is the Applicant certified by AGWA? Yes No

4. How is the Applicant compensated? (e.g. hourly, flat fee, percentage of grant funds received)

5. Does the Applicant perform any work for college or universities? 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