

COVER-PROSM APPLICATION
MARKETING CONSULTANT SUPPLEMENT

1. Full name of the Applicant Firm:

2. Does the Applicant design, manufacture or test any product, or process for creating a product? Yes No

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

Training & education:	%	New product / Service development:	%
Attitude & opinion surveys:	%	Telemarketing / Sales:	%
Competitive analysis:	%	Mailing list / Telemarketing list development:	%
Customer service:	%	Research & Development:	%
Marketing research:	%	EDP / MIS:	%
Product testing: (specify industry)	%	Competitive analysis:	%
		Other:(specify)	%
		Other:(specify)	%
		Other:(specify)	%
		TOTAL MUST EQUAL	100 %

4. Does the Applicant provide any services other than those services listed above in question 3? Yes No
If yes, please describe.

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