



COVER-PROSM APPLICATION
TUTOR SUPPLEMENT

1. Full name of the Applicant Firm:
2. What certifications does the Applicant hold?
3. What degrees does the Applicant hold?
4. Does the Applicant provide services to home-schooled students? Yes No
5. Is a tutorial plan utilized for each client? Yes No
6. Where are services provided?(e.g. at client location, library, or the applicant's residence)

7. What type and subject matter of tutoring is 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 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