

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004

COVER-PROSM APPLICATION SAFETY CONSULTANT SUPPLEMENT

1.	Full Name of the Applicant Firm:						
2.	What percentage of the Applicant's gross annual revenue comes from the following activities? (A) (B)						
	% % %	Occupational safety Risk management Loss control	(6)	% % %	Fire protection engineering Industrial hygiene Design failure testing Environmental / Pollution		
	(C) % %	Environmental / Pollution (Phase II) Environmental / Pollution (Phase III) Anti-terrorism consulting		%	Other:(specify)		
	(A) + (B) + (C)	TOTAL MUST EQUAL 100%					
3.	What percentage of the Applicant's services are derived from the following?						
	Site safe Site safe Site safe	nstructional training: ty inspections performed every shift: ty inspections performed daily: ty inspections performed quarterly: ty inspections performed annually: escribe):		% % % %			
4.	Please indicate which designations the Applicant holds: Associated Safety Professional (ASP) Association in Risk Management (ARM) Certified Fire Protection Specialist (CFPS) Certified Fire Protection Engineer (FPE) Other(specify):		(Certified Safety Professional (CSP) Professional Engineer (PE) Certified Industrial Hygienist (CIH)			
5.	Does the Applicant provide any services other than those services listed above in question 2?			′es No			
6.	Does the Applic	cant provide specific design recommend	dations?		Υ	'es No	
7.	Are any of the	Applicant's employees Professional Eng	gineers (PE)?	Υ	'es No	
I un Cor	nderstand that the mpanies Cover-	ne information submitted herein beco Pro sm application and is subject to th	omes a par e same co	t of n	ny Philadelphia Insuranc ons as stated on the app	e lication.	
Name (Please Print/Type)			Title (Title (Must be Principal, Partner or Officer)			
Signature			Date				

Producer	Agency				
Producer License Number	Agency Taxpayer ID or SS Number				
Address (Street, City, State, Zip)					
ADDITIONAL INFOR	MATION				
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.					
Signature	Date				