

**COVER-PRO<sup>SM</sup> APPLICATION**  
HANDWRITING / DOCUMENT ANALYST SUPPLEMENT

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

%	Law enforcement / Criminal prosecution
%	Criminal defense
%	Civil litigation
%	Other:(specify)
%	Other:(specify)
%	Other:(specify)
<b>100 %</b>	<b>TOTAL MUST EQUAL 100%</b>

3. What certifications does the Applicant hold?
4. Is the Applicant a member of any professional associations?    Yes    No    If yes, list the associations.

**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-Pro<sup>SM</sup> 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