

COVER-PROSM APPLICATION
 PRINTER SUPPLEMENT

1. Full name of the Applicant Firm:

2. Please indicate the percentages of the Applicant's total operations involving:

Business & legal forms:	%	Directories:	%
Newspapers & magazines:	%	Catalogs:	%
Pamphlets & flyers:	%	Corporate financials (annual reports):	%
Discount & rebate coupons:	%	Social Printing (invitations, etc...):	%
Lottery tickets:	%	Bindery:	%
Contest / Sweepstakes tickets:	%	Other:	%
Books:	%	TOTAL MUST EQUAL	100 %

3. Does the Applicant's activities involve lettershop / mailing services (i.e. envelope stuffing, postage handling, mailing, etc...) Yes No **If yes, please attach a written contract.**

4. Does the Applicant's activities involve the distribution and/or redemption of coupons, rebates or promotional game materials? Yes No **If yes, please provide specific details and attach any applicable contract(s).**

5. Does the Applicant's services involve the design of logos or trademarks? Yes No **If yes, please advise the following:**

5a. Number of trademarks developed last year:

5b. Description of the Applicant's legal review or other procedures used for clearing trademarks/copyrights:

6. Does the Applicant require its clients to approve proof copies before printing? Yes No
If yes, is approval in writing? Yes No

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

ADDITIONAL INFORMATION

This page 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