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 The Chester Building  
 Towson, MD 21286  
 FAX 866-518-4186  
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**COVER-PRO<sup>SM</sup> APPLICATION**  
 TELECOMMUNICATIONS CONSULTANT SUPPLEMENT

1. Full name of the Applicant Firm:
2. What percentage of the Applicant's gross annual revenue comes from equipment sales? %
3. Does the Applicant work with established systems or are they customizing clients' current hardware and / or systems? Yes    No
4. Does the Applicant test the systems after installation? Yes    No
5. Does the Applicant offer any guarantees? Yes    No
6. Does the Applicant belong to any associations, societies or have any accreditations? (Society of Telecommunications Consultants, BICSI, TIA) Yes    No    If yes, please specify.
7. Does the Applicant participate in continuing education? Yes    No

**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