**PHILADELPHIA INSURANCE COMPANIES**
A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

## COVER-PRO<sup>SM</sup> APPLICATION
### APPRAISER PERSONAL OR BUSINESS PROPERTY (NON REAL ESTATE) SUPPLEMENT

1. Full name of the Applicant Firm:

2. Average value of properties being appraised:$

3. What percentage of your appraisals are performed for:

   Individuals:              %          Banks:                        %

   Businesses:              %          Bankruptcy Trustees:          %

   Other (specify):                                                  %

   Other (specify):                                                  %

   Other (specify):                                                  %

4. Please indicate the percentage of the Applicant's gross annual revenue from the last fiscal period involving:

| PROPERTY TYPE | |
|---|---|
| | |
| Business / Construction equipment: | % |
| | |
| Intangibles: | % |
| | |
| Antiques: | % |
| | |
| Artwork / Paintings: | % |
| | |
| Jewelry: | % |
| | |
| All Other Personal Property: | % |
| | |
| Other (specify): | % |
| | |
| Other (specify): | % |
| | |
| Other (specify): | % |
| | |
| **TOTAL MUST EQUAL:** | **100%** |

5. What federal and state licenses does the Applicant hold?

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6.  Has the Applicant received certification, accreditation or designations from appraisal societies?　　　Yes　　No
    If yes, provide the name of such certification, accreditation or designation and the name of the appraisal society:

7.  Does the Applicant purchase items that they appraise for re-sale?　　　Yes　　No
    If yes, is a written recommendation rendered for the owner to get an independent appraisal?　　　Yes　　No

8.  Does the Applicant perform inventory liquidations?　　　Yes　　No

9.  Does the Applicant appraise financial instruments such as, but not limited to, receivables, contracts or insurance policies, and/or provide business evaluation services?　　　Yes　　No
    If yes, indicate the percentage of the Applicant's gross annual revenue derived from such activity:　　　%

**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 that application**.

Name (Please Print/Type)　　　　　　　　　　　　Title **(MUST BE SIGNED BY A PRINCIPAL PARTNER OR OFFICER)**

_____
Signature　　　　　　　　　　　　　　　　Date

## 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.**

_____
Signature　　　　　　　　　　　　　　　　Date

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