



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  
AUCTIONEER SUPPLEMENT**

- 1. Name of the Applicant Firm:
- 2. Provide the percentage of the Applicant's gross annual revenue derived from the following types of auctions:

General merchandise:	%	Machinery & Equipment:	%
Dwellings:	%	Liquidations:	%
Farms:	%	Bankruptcy:	%
Livestock:	%	Federal:	%
Specialized:	%	State:	%
Commercial buildings:	%	School:	%
Automobile:	%	Lending Institution:	%
Fine Arts / Jewelry:	%	Other Real Estate:	%
Aircraft:	%	<b>TOTAL MUST EQUAL:</b>	<b>100 %</b>

- 3. If the Applicant's services are "specialized", describe all such auctions including types of merchandise sold:

- 4. Do the Applicant's contracts conform to the National Auctioneers Association standards? Yes    No
- 5. Does the Applicant provide services other than those as an Auctioneer? Yes    No  
If yes, please list below.

**Services Provided:**

**Gross Annual Revenue:**

\$  
\$  
\$  
\$  
\$  
\$

- 6. Does the Applicant ever conduct business via the internet other than e-mail bids? Yes    No  
If yes, what is the outside service used:
- 7. Does the Applicant adhere to state, city and county licensing, bond and/or permit requirements for the locations in which it transacts business? Yes    No
- 8. Does the Applicant currently have general liability coverage in place? Yes    No

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