



COVER-PROSM APPLICATION
PROJECT MANAGER (NON CONSTRUCTION) SUPPLEMENT

1. Full name of the Applicant Firm:

2. Do any key professionals of the Applicant have the following certifications?

- Project Management Professional (PMP)
- Certified Associate in Project Management (CAPM)
- OPM3 Certification (Organization Project Management Maturity Model)
- Program Management Professional (PgMP)

3. Does the Applicant employ; whether on a permanent, temporary or independent contractor basis; architects, engineers, medical doctors, or construction contractors? Yes No **If yes, provide details.**

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-ProSM and is subject to the same conditions as stated on the application.

Name (Please Print)

Title (**Must be Principal, Partner or Officer**)

Signature

Date