A Member of the Tokio Marine Group

One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004

COVER-PROSM APPLICATION COURT REPORTER SUPPLEMENT

1.	Full name of the Applicant Firm:					
2.	How many years has the Applicant been court reporting:			years		
3.	What forms and/or methods of court reporting does the Applicant perform: Stenographic Electronic Voice Writing Communication Access Real-Time Translation Other (specify):					
4.	If the Applicant performs stenographic and/or voice writing transcriptions, have you created and do you maintain a customized computer dictionary for keystroke code and/or voice file translation?				No	
5.	If the Applicant performs voice writing transcriptions, does(do) the state(s) in which you operate require licensure? Ye If yes, did you take and pass the state exam and/or obtain the CVR, CM and RVR			Yes	No	
	certifications required?				No	
6.	What is the Applicant's annual caseload:	:			cases	
7.	Please indicate the percentage of the Applicant's gross annual revenue from the last fiscal period involving:					
	Reporting		Transcription			
	Depositions:	%	Medical:		%	
	Government Hearings:	%	Court:		%	
	Arbitration Hearings:	%	Technical:		%	
	Trials:	%	Other:		%	
	Appeals:	%				
	Sworn Statements:	%				
	Conference/Webcasts:	% %				
	Other Real Time Audio Reporting: Other (describe):	% %				
	Translation/Captioning		Document Management			
	Language Interpreting Verbal:	%	Document Copying:		%	
	Language Interpreting Written:	%	Document Scanning and Imaging:		%	
	Online Cart / Broadcast Captioning:	%	Document Storage/Warehousing:		%	
	Offline Cart/Captioning:	%				
	Other:	%	TOTAL MUST EQUAL		100%	
8.	If the Applicant performs document man	agement servi			N/A	
٥.	details advising the security and privacy controls and/or procedures in place.					

Signat	ure	Date								
Name	(Please Print/Type)	Title (MUST BE SIGNED BY A PRINCIPAL, PAI OFFICER)	RTNER OR							
I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Cover-Pro sm application and is subject to the same conditions as stated on that application.										
11.	 Describe the controls and procedures the Applicant uses when transcribing to ensure proper editing, grammar, and accurate identification of names and places. 									
10.	Is the Applicant a member of any national associates provide a list of all memberships:	siations?	Yes	No						
9.	Does the Applicant have any national certification Please provide a list of all certifications:	ns?	Yes	No						

ADDITIONAL INFORMATION

Signature	Date	
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identify the question number to which you are referri	ing.	
This page may be used to provide additional informa identify the question number to which you are referri	ation to any question on this	application. Please

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