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 rep Stenographic Electronic Voice Writing Communication Access Real-Tim Other (specify):	-	Applicant perform:		
4.	If the Applicant performs stenographic a created and do you maintain a customiz voice file translation?			Yes	No
5.	If the Applicant performs voice writing transcriptions, does(do) the state(s) in which you operate require licensure? Yelf yes, did you take and pass the state exam and/or obtain the CVR, CM and RVR			Yes	No
	certifications required?	e exam and/or	obtain the CVR, CW and RVR	Yes	No
6.	What is the Applicant's annual caseload	d:			cases
7.	Please indicate the percentage of the Applicant's gross annual revenue from the last fiscal period involving:				
	Reporting Depositions: Government Hearings: Arbitration Hearings: Trials: Appeals: Sworn Statements: Conference/Webcasts: Other Real Time Audio Reporting: Other (describe):	% % % % % % %	Transcription Medical: Court: Technical: Other:		% % %
	Translation/Captioning Language Interpreting Verbal Language Interpreting Written Online Cart / Broadcast Captioning Offline Cart/Captioning Other:	% % % %	Document Management Document Copying: Document Scanning and Imaging Document Storage/Warehousing: TOTAL MUST EQUAL		% % % 100%
8.	If the Applicant performs document management services, please provide a statement of details advising the security and privacy controls and/or procedures in place.				N/A

9.	Does the Applicant have any national certification Please provide a list of all certifications:	ons?	Yes	No						
10.	Is the Applicant a member of any national associated Please provide a list of all memberships:	ciations?	Yes	No						
11.	Describe the controls and procedures the Applic proper editing, grammar, and accurate identifica									
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.										
Name	(Please Print/Type)	Title (MUST BE SIGNED BY A PRINCIPAL, PA OFFICER)	RTNER OF	ł						
Signat	ure	Date								

ADDITIONAL INFORMATION

This page may be used to provide additional informatidentify the question number to which you are referr	ation to any question on this application. Plearing.	ase
0:		
Signature	Date	