



**COVER-PRO<sup>SM</sup> 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? Yes    No
5. If the Applicant performs voice writing transcriptions, does(do) the state(s) in which you operate require licensure? Yes    No  
**If yes, did you take and pass the state exam and/or obtain the CVR, CM and RVR certifications required?** Yes    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:
 

<b>Reporting:</b>		<b>Transcription:</b>	
Depositions	%	Medical	%
Government Hearings	%	Court	%
Arbitration Hearings	%	Technical	%
Trials	%	Other:	%
Appeals	%		
Sworn Statements	%		
Conference/Webcasts	%		
Other Real Time Audio Reporting	%		
Other (describe):	%		
<b>Translation/Captioning</b>		<b>Document Management:</b>	
Language Interpreting Verbal	%	Document Copying:	%
Language Interpreting Written	%	Document Scanning and Imaging	%
Online Cart / Broadcast Captioning	%	Document Storage/Warehousing	%
Offline Cart/Captioning	%		
Other:	%		
<b>TOTAL MUST EQUAL</b>			<b>100%</b>
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 certifications? Yes      No  
**Please provide a list of all certifications:**
10. Is the Applicant a member of any national associations? Yes      No  
**Please provide a list of all memberships:**
11. Describe the controls and procedures the Applicant uses when transcribing to ensure proper editing, grammar, and accurate identification of names and places.

**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 the application.**

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

\_\_\_\_\_  
Signature Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

**Produced By: (Section to be completed by Producer/Broker)**

Producer Agency

Producer License Number Agency Taxpayer ID or SS Number

Address (Street, City, State, Zip)

**ADDITIONAL INFORMATION**

**This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.**

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**Signature**

**Date**