



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? 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:

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 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-Prosm 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.

Signature

Date