



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? 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

Depositions:	%
Government Hearings:	%
Arbitration Hearings:	%
Trials:	%
Appeals:	%
Sworn Statements:	%
Conference/Webcasts:	%
Other Real Time Audio Reporting:	%
Other (describe):	%

Translation/Captioning

Language Interpreting Verbal:	%
Language Interpreting Written:	%
Online Cart / Broadcast Captioning:	%
Offline Cart/Captioning:	%
Other:	%

Transcription

Medical:	%
Court:	%
Technical:	%
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 certifications?
Please provide a list of all certifications: Yes No
10. Is the Applicant a member of any national associations?
Please provide a list of all memberships: Yes No
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 that application.

Name (Please Print/Type)

Title **(MUST BE SIGNED BY A PRINCIPAL, PARTNER OR OFFICER)**

Signature

Date

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