

CONTINENTAL CASUALTY INSURANCE COMPANY
CNA Plaza
Chicago, IL 60685

Professional Liability Supplemental Application

COURT REPORTER'S ERRORS AND OMISSIONS

1. Name and Address of Applicant: (Please include DBA's, Subsidiaries, etc.)

2. List the amount of work performed for the following:

Lawyers	_____	%	Courts	_____	%
Administrative Proceedings	_____	%	Other (Explain)	_____	%

3. Is any type of video or audio recording equipment used? Yes No

4a. Does Applicant have affiliation with a court or any other firms or independent contractors? Yes No

4b. If Yes, Explain.

5. How does Applicant plan to protect files and deliver the recorded documents?

6. Does Applicant have any affiliations with The National Court Reporter Association (NCRA)? Yes No

7. What experiences does the Applicant have working as a court reporter?

Name of court:	Dates of Employment:	Status of Employment:	Types of Court Proceedings Covered (Juvenile, Civil, etc.):

APPLICANTS VERIFICATION

FRAUD NOTICE - WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (For New York residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Pennsylvania Residents only: and subjects such a person to criminal or civil penalties.) (For Tennessee and Washington Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)

We, the undersigned, acknowledge that the aforementioned statements and answers are correct and complete. We, the undersigned, also acknowledge that the information submitted herein shall become part of the Epack insurance application attached hereto that the warranty statements contained herein remain true and accurate.

Applicant's Authorized Signature: _____
Applicant's Title: _____
Date: _____