# COURT REPORTING / STENOGRAPHY AGENCY SUPPLEMENTAL

*For court reporting firms and freelance agencies providing deposition reporting, transcripts, legal videography, remote depositions, and CART or captioning. Complete with ACORD 125. Attach reporter certifications, a sample client engagement and reporter contractor agreement, the data security policy, and five years of loss runs.*

## 1 APPLICANT / BUSINESS INFORMATION

| LEGAL BUSINESS NAME | DBA | FEIN | YEARS IN BUSINESS |
|---|---|---|---|
| | | | |

| BUSINESS ADDRESS | CITY / STATE / ZIP | WEBSITE |
|---|---|---|
| | | |

**Entity type:**
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Nonprofit

| PRIMARY CONTACT / TITLE | PHONE | EMAIL |
|---|---|---|
| | | |

| FIRM / REPORTER LICENSE NUMBERS (CSR, RPR) | STATES WHERE REPORTING IS DONE |
|---|---|
| | |

## 2 OPERATIONS

**Services (check all that apply):**
☐ Deposition reporting ☐ Court / hearing reporting ☐ Legal videography ☐ Remote depositions ☐ CART / real-time captioning
☐ Transcription of recordings ☐ Interpreter scheduling ☐ Exhibit and records hosting

| CLIENT TYPE | % OF REVENUE |
|---|---|
| | |
| | |
| | |
| | |

*Client types: law firms; courts and agencies; insurers; corporations; arbitration and mediation; broadcast or event captioning.*

**Size:**
_____ Employed reporters _____ Contract reporters _____ Proceedings per year _____ Offices / conference rooms

## 3 EXPOSURE & RISK QUESTIONS — RECORD INTEGRITY, CERTIFICATION & DEADLINES

*California disciplines certified reporters for repeated late transcripts and negligently lost notes, and requires notes to be kept up to 8 years. A remote deposition captured by a digital recorder lost about 55 pages of testimony.*

**3-1** Is every deposition reported by a licensed or certified reporter? ☐ Yes ☐ No
IF NO, EXPLAIN

**3-2** Does the firm use digital (non-stenographic) recorders? ☐ Yes ☐ No
IF YES, EXPLAIN

**3-3** Is any transcript produced by AI or automated speech recognition? ☐ Yes ☐ No
IF YES, EXPLAIN

**3-4** Is any transcription done offshore? ☐ Yes ☐ No
IF YES, EXPLAIN

**3-5** Are stenographic notes and audio kept for at least the longest state retention period that applies? ☐ Yes ☐ No
IF NO, EXPLAIN

**3-6** Are notes and audio backed up off site? ☐ Yes ☐ No
IF NO, EXPLAIN

**3-7** Is a scopist or proofreader review completed before certification? ☐ Yes ☐ No
IF NO, EXPLAIN


This supplemental is an intake document. It does not replace any carrier application and affords no coverage.

**3-8** Has any reporter been sanctioned or disciplined for a late or incomplete transcript? ☐ Yes ☐ No
**IF YES, EXPLAIN**

**3-9** Has a client alleged that a transcript error harmed a case? ☐ Yes ☐ No
**IF YES, EXPLAIN**

## 4 EXPOSURE & RISK QUESTIONS — CONFIDENTIAL DATA, CONTRACTORS & REMOTE PROCEEDINGS

*A deposition-services company disclosed in 2026 that a server misconfiguration dating to 2019 exposed Social Security numbers and medical data for 14,361 people. Freelance reporters often work outside a firm's security controls.*

**4-1** Do contract reporters store transcripts or exhibits on personal devices? ☐ Yes ☐ No
**IF YES, EXPLAIN**

**4-2** Do contract reporters sign confidentiality and data security agreements? ☐ Yes ☐ No
**IF NO, EXPLAIN**

**4-3** Does the firm sign HIPAA business associate agreements? ☐ Yes ☐ No

**4-4** Are transcripts and exhibits delivered through an encrypted portal rather than email? ☐ Yes ☐ No
**IF NO, EXPLAIN**

**4-5** Is multi-factor authentication enforced on the transcript repository? ☐ Yes ☐ No
**IF NO, EXPLAIN**

**4-6** Does the firm host its own remote-deposition platform? ☐ Yes ☐ No
**IF YES, EXPLAIN**

**4-7** Are contract reporters classified as 1099 contractors in California? ☐ Yes ☐ No
**IF YES, EXPLAIN**

**4-8** Are wire and payment-change requests verified by phone? ☐ Yes ☐ No
**IF NO, EXPLAIN**

## 5 PAYROLL, SALES & REVENUE

| ANNUAL REVENUE ($) | W-2 PAYROLL ($) | CONTRACTOR PAYMENTS ($) | CAPTIONING / CART REVENUE ($) |
|---|---|---|---|
| | | | |

## 6 PRIOR INSURANCE & LOSS HISTORY

*Attach currently valued loss runs for the last 5 years.*

| E&O CARRIER / LIMIT | CYBER CARRIER / LIMIT | RETROACTIVE DATE |
|---|---|---|
| | | |

| DATE OF LOSS | DESCRIPTION | TOTAL INCURRED ($) | OPEN / CLOSED |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**6-1** Has the firm had a data breach or lost notes, audio, or exhibits in the past 5 years? ☐ Yes ☐ No
**IF YES, EXPLAIN**

**6-2** Has any carrier declined, cancelled, or non-renewed coverage for this operation in the past 5 years? ☐ Yes ☐ No
**IF YES, EXPLAIN**

**6-3** Is the applicant aware of any incident or circumstance that could give rise to a claim? ☐ Yes ☐ No
**IF YES, EXPLAIN**


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## 7 RISK MANAGEMENT & SAFETY

**7-1** Is there a written transcript production and turnaround policy? ☐ Yes ☐ No

**IF NO, EXPLAIN**

**7-2** Are reporters' certifications checked annually? ☐ Yes ☐ No

**IF NO, EXPLAIN**

**7-3** Are confidential and protective-order transcripts marked and access-limited? ☐ Yes ☐ No

**IF NO, EXPLAIN**

## 8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

**FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties. State-specific fraud warnings appear on the insurer's application.**

| APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME) | TITLE | DATE |
|---|---|---|
| | | |

| PRODUCER — CORY WASHINGTON & CO. LLC | PRODUCER SIGNATURE (TYPE FULL NAME) | DATE |
|---|---|---|
| | | |