



Reporting Equipment Insurance Plan

For peace of mind whether at work or play – learn how your equipment can be protected ... 24 Hours a day

Protect your stenotype machine, computer, printer, security keys, even software ... and any other reporting equipment you may have – with the NCRA Reporting Equipment Insurance Plan.

Special Features ...

- No deductible
- \$10,000 extra expense coverage to pay for the additional expenses when computer equipment is lost or damaged.
- Coverage for loss or damage to computer equipment, including media cards.
- Claims based on actual replacement cost up to the scheduled limit.
- Coverage for theft and vandalism.
- Coverage for equipment when it is off the premises or in transit.
- Premiums may be tax-deductible as a normal business expense.*

Isn't your equipment worth it?

Most homeowners' policies won't cover your reporting equipment ... DON'T ASSUME THAT THEY DO.

Your equipment is what allows you to perform your work accurately and efficiently. If experience tells us anything, electronic equipment is not immune to breakdowns and damage from natural disasters such as fire, lightning, water damage ... and, yes, people have been known to commit thefts and vandalism on occasion. What if one of these unfortunate events happens to you? Repair of electronic equipment is not cheap ... ranging well into the hundreds - sometimes even THOUSANDS – of dollars. With the NCRA Reporting Equipment Insurance Plan, you can protect your valuable equipment against any of these disastrous events - as well as additional expenses such as fees for rental equipment and reprogramming costs - at an affordable annual premium you probably will not find anywhere else. Protect the tools of your existence 24 hours a day ... 365 days a year ... anywhere in the world. Don't you feel your equipment is worth it?

Important Questions and Answers to Consider About This Coverage

Q. Do I have to insure all my equipment?

A. No. You insure only what you want to insure. That's an important advantage because if you work for a firm, the firm may already have coverage for equipment that is kept on premises. Once that equipment is moved off premises, however, it may no longer be covered. Since this NCRA Plan covers your owned equipment no matter where it's located, you can purchase it to protect only the equipment you take off- premises.

Q. Do I need this insurance if I already have coverage under my homeowner's policy?

A. Yes. Many homeowners' policies do not cover equipment used strictly for business purposes. Your computer equipment may be covered if it's also used for personal matters. However, your equipment used strictly for business purposes, such as your stenotype machine, is not typically covered under your homeowner's policy. Also, if you take your computer equipment out of your house, your policy may no longer protect it.

Q. What's the minimum premium required under this Plan?

A. Unlike many other business equipment policies that require you to pay a minimum premium in the hundreds of dollars, this NCRA Plan has a minimum premium of only \$50.00.

Q. What will happen if I buy new equipment?

If your newly acquired equipment is less than 25% of your policy limit, you receive automatic coverage for up to 45 days when you purchase or take custody of the additional equipment. You have 45 days to notify the Insurance Administrator and you will then be billed for the additional insurance.

Should your newly acquired equipment exceed 25% of your policy limit – notify the Insurance Administrator immediately. You will be billed for the additional coverage.

Q. Is there any other coverage I should know about?

A. This Plan provides an additional \$10,000 of extra expense coverage on all computer equipment to cover the expenses you may incur when your equipment is damaged or lost. Expenses such as replacement software, rental equipment and reprogramming ... at no extra cost to you!

Q. What kind of reimbursement can I expect?

A. This Plan pays you the actual cost of replacement, no matter how old your equipment is or how much you originally paid for it. As long as your equipment is insured for its full replacement value, no depreciation factor is taken into account. Claims are settled on a "new for old" basis, up to the limit in your schedule.

How to Calculate Your Cost

Annual Premium

\$1.50 Per \$100 of Replacement Value

For example: If the equipment you want to insure is valued at \$10,000, your premium would be:

\$1.50 x 100 = \$150

Note: Minimum premium \$50.00

Disclaimer

This product description is for informational purposes only and does not provide a complete description of coverage terms, conditions, exclusions and limits. This coverage is underwritten by New Hampshire Insurance Company, a member company of American International Group.

This NCRA Reporting Equipment Insurance Plan has been designed especially for Court Reporters.

Coverage begins upon approval of application and receipt of premium.

It's Easy to Apply ...

1. Complete, date and sign the brief Application enclosed. Be sure to list all the equipment you want insured and its current replacement cost. (Make a photocopy of the application and refer to it at renewal time.)
2. Calculate your premium following the easy steps outlined on this page.
3. Follow the instructions on the application for Payment Option 1 to upload your completed application and enter your credit card information on our secure website.
4. Mail your completed application and check made payable to:
Mercer Consumer
P.O. BOX 14575
Des Moines, IA 50306-3575

Program Administrator:



Mercer Consumer,
a service of Mercer Health & Benefits Insurance Services LLC* ("Mercer Consumer")
P.O. BOX 14575
Des Moines, IA 50306-3575

Phone: 800-503-9227

Email: plsdsteam.service@mercer.com

*Mercer Consumer is a registered trade name of Mercer Health & Benefits Administration LLC.

This brochure is not a contract of insurance but is a brief summary of the principal provisions of insurance contained in the policy. NCRA incurs no expense in the sponsorship of this program. All expenses are paid by the Insurance Administrator.



NCRA Reporting Equipment Insurance Application

HOW TO APPLY:

1. Complete, date and sign this application. List all the equipment you want insured and its current replacement cost.
2. Calculate your premium following the easy steps below. There is no limit to the amount of insurance you can apply for. However, your application will be individually analyzed. Acceptance may be subject to additional underwriting information.
3. Follow the instructions on the application for Payment Option 1 to upload your completed application and enter your credit card information on our secure website.
4. Mail your completed application and check made payable to:
Mercer Consumer,
a service of Mercer Health & Benefits Insurance Services LLC* ("Mercer Consumer")
P.O. BOX 14575
Des Moines, IA 50306-3575

Questions: 1-800-503-9230

*Mercer Consumer is a registered trade name of Mercer Health & Benefits Administration LLC.

Please Type or Print

NCRA-Q

1. Name of person and/or entity to be insured _____
2. Mailing Address _____
City _____ State _____ County _____ ZIP _____
3. Website _____
4. Business Phone _____ Home Phone _____
5. E-mail Address (optional) _____ Fax # _____
6. **NCRA Membership Number** _____
7. **Please indicate which applies to you (applicant):**
 Individual Partnership Corporation LLP (Limited Liability Partnership) LLC (Limited Liability Corporation)
If corporation, LLP or LLC applies, please indicate your FEIN: _____
8. Location of equipment: residence office other _____
Is this location equipped with a UL approved Central Burglar Alarm System? YES NO
(If yes, please forward a copy of the current UL Certificate.)
9. If your equipment is financed, give name and address of lending institution _____

BE SURE TO COMPLETE ALL PAGES AND SIGN THE LAST PAGE

NCRA Reporting Equipment Insurance Application

10. Use the following listing to describe all equipment you wish to insure. (If additional space is needed, please attach an additional sheet.)

EQUIPMENT SCHEDULE

<u>Description</u> (Include manufacturer's name and model number)	<u>Identification/Serial Number</u> <u>Per Item</u>	<u>Replacement Cost</u> <u>Per Item</u>

11. To calculate your premium, complete the following:

- a. Total replacement cost of equipment \$ _____
- b. Annual Premium (See How to Calculate Your Premium)
\$1.50 X each \$100 of replacement value
(NOTE: Minimum premium is \$50) \$ _____
- c. *New Jersey Residents (NJPLIGA), please add 0.6%*
(Multiply annual premium by 0.006) \$ _____
Kentucky residents, please call for tax rates.
- d. TOTAL AMOUNT ENCLOSED (Add lines B & C) \$ _____

12. What is the total maximum dollar value of equipment taken off your premises at any one time? \$ _____

13. Where is this equipment stored when it is not in use? _____

14. Where is this equipment stored when it is off premises? _____

15. Total dollar value of equipment in custody or control of independent contractors? \$ _____

16. List any losses to your equipment during the past 3 years including dollar amount: \$ _____

17. Has any company refused, cancelled or non-renewed your insurance due to losses sustained (Missouri applicants need not reply)?

YES NO Name of insurance company: _____

18. Is your equipment currently insured? YES NO No Prior Coverage
(If yes, please complete the table below for the past 3 years.)

Effective Date	Expiration Date	Insurance Company	Annual Premium

19. Do you have any other coverage on your business? YES NO N/A
(If yes, please complete the table below.)

Effective Date	Expiration Date	Insurance Company	Policy Number

NCRA Reporting Equipment Insurance Application

PAYMENT OPTIONS

Option 1: Upload form to pay with debit/credit card at MercerSecure.com

If you choose to pay by credit card, please visit www.mercersecureservice.com/6070 to enter your credit card information and upload this form.*

**Submission of your credit card information to mercer does not constitute receipt of payment or approval or binding of coverage by the insurer. Any coverage is subject to the terms and conditions of the insurance policy issued by the insurer. Payment will be processed upon review and acceptance of your submission.*

Total Amount Authorized: \$ _____

Option 2: Mail form with check payment

Enclosed is my check for \$ _____ Effective Date Desired* _____

*May not be earlier than the date the administrator receives and approves this application.

Make check payable to Mercer Consumer. Return your check and the application in the envelope provided.

Mailing Address:

Mercer Consumer, a service of Mercer Health & Benefits Administration LLC* ("Mercer Consumer")

P.O. BOX 14575

Des Moines, IA 50306-3575

*Mercer Consumer is a registered trade name of Mercer Health & Benefits Administration LLC.

Fraud Warnings

NOTICE TO APPLICANTS: 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 INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NCRA Reporting Equipment Insurance Application

Fraud Warnings (cont.)

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO KENTUCKY APPLICANTS: 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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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 INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, 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.

NCRA Reporting Equipment Insurance Application

Fraud Warnings (cont.)

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: 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 INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

By executing this form, you are certifying that you are a member of the National Court Reporters Association.

IMPORTANT: Coverage will become effective upon approval of this Application and receipt of your premium check.

In this transaction, Mercer Consumer, a service of Mercer Health & Benefits Administration LLC is acting as the exclusive insurance agent and program manager for New Hampshire Insurance Company for this type of coverage, and not as your insurance broker. Alternative insurance products may be available in the insurance market place Mercer Consumer is only offering this selected insurer quote proposal.

In accordance with industry custom, we are compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers or fees agreed to with our clients. We may also receive additional monetary and non-monetary compensation from insurers, or from other insurance intermediaries, which may be contingent upon volume, profitability, or other factors. This compensation may include payment from insurers for marketing related expenses or investments in technology. Our compensation may vary depending on the type of insurance purchased and the insurer selected. We will provide you additional information about our compensation and information about alternative quotes, upon your request.

You may obtain this information by logging on to www.personal-plans.com/disclosure and entering the code o4795331 or you may call 1-888-206-5088.

THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE. FURTHER, AS PART OF THE UNDERWRITING PROCESS, THE INSURER MAY MAKE ANY INVESTIGATION OR INQUIRY IN CONNECTION WITH THIS APPLICATION AS DEEMED NECESSARY.

NCRA Reporting Equipment Insurance Application

FOR MAINE APPLICANTS ONLY, THE FOLLOWING DECLARATION APPLIES:

THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE

STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS. FURTHER, AS PART OF THE UNDERWRITING PROCESS, THE INSURER MAY MAKE ANY INVESTIGATION OR INQUIRY IN CONNECTION WITH THIS APPLICATION AS DEEMED NECESSARY.

For Utah Applicants only, the following applies:

The Application and all relevant documents will be attached to the policy at the time of delivery.

YOU MUST SIGN AND DATE THIS APPLICATION

Signature of applicant: _____ Date: _____

Printed Name: _____ Title: _____

Agent/Producer Name: Mark Brostowitz License Number: 369380

Program Administrator:

Mercer Consumer, a service of Mercer Health & Benefits Administration LLC* ("Mercer Consumer")
In CA d/b/a Mercer Health & Benefits Insurance Services LLC

*Mercer Consumer is a registered trade name of Mercer Health & Benefits Administration LLC.

AR Insurance License #100102691

CA Insurance License #0G39709

Underwritten by:

New Hampshire Insurance Company
Granite State Insurance Company
Illinois National Insurance Company