

# PROFESSIONAL LIABILITY INSURANCE PLAN FOR CLAIMS-MADE COVERAGE

## Freelance Reporters, Independent Contractors and Official Court Reporters Application Form

**NOTICE:** THIS POLICY FOR WHICH THIS APPLICATION IS BEING SUBMITTED IS A CLAIMS-MADE POLICY, AND SUBJECT TO ITS TERMS AND CONDITIONS, THIS POLICY ONLY COVERS CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED TO THE INSURER IN WRITING DURING THE POLICY PERIOD, THE EXTENDED REPORTING PERIOD, OR SUPPLEMENTAL REPORTING PERIOD, IF APPLICABLE.

**THIS APPLICATION IS FOR RESIDENTS OF NEW YORK ONLY.** If you reside in another state, please contact the administrator for the correct application.

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### APPLICANT INFORMATION (Applicant Must Complete)

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LAST NAME	FIRST NAME	INITIAL	DOB (Date of Birth)	
MAILING ADDRESS		CITY	STATE	ZIP
BUSINESS PHONE		FAX #	HOME PHONE#	
E-MAIL ADDRESS		NCRA MEMBERSHIP #		

Retroactive date on current policy (if not a renewal): \_\_\_/\_\_\_/\_\_\_

If a renewal policy, what is the earliest date of continuous coverage without lapse: \_\_\_/\_\_\_/\_\_\_

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### PREMIUM CALCULATION

**NOTE THAT OTHER LIMIT OPTIONS THAN THOSE SHOWN MAY BE AVAILABLE ON REQUEST. IF YOU DON'T SEE THE LIMIT OPTION DESIRED, PLEASE CONTACT THE PROGRAM ADMINISTRATOR AT THE TOLL FREE NUMBER PROVIDED.**

If you are a **freelance reporter or independent contractor**, your annual premiums are based on the schedule below:

#### ANNUAL PREMIUM

Gross Revenues	<u>\$500,000 PLAN</u>	<u>\$1,000,000 PLAN</u>
0-\$12,000	\$ 40.00	\$ 59.00
\$12,001-\$20,000	\$ 59.00	\$ 89.00
\$20,001-\$30,000	\$ 86.00	\$ 129.00
\$30,001-\$40,000	\$ 119.00	\$ 178.00
\$40,001-\$50,000	\$ 152.00	\$ 228.00
\$50,001-\$60,000	\$ 185.00	\$ 277.00
\$60,001-\$70,000	\$ 218.00	\$ 327.00
\$70,001-\$80,000	\$ 251.00	\$ 376.00
\$80,001-\$90,000	\$ 284.00	\$ 426.00
\$90,001-\$100,000	\$ 317.00	\$ 475.00

(Over \$100,000: Please call or write for a premium quotation.)

If you are an **official court reporter**, your annual premium is as follows:

If you receive **NO** additional income from freelance activities:

#### TOTAL ANNUAL PREMIUM

<u>\$500,000 PLAN</u>	<u>\$1,000,000 PLAN</u>
\$ 112.00	\$ 168.00

If you **RECEIVE** additional income from freelance activities or the sale of transcripts:

#### ADDITIONAL REVENUES

(beyond your salary as an Official Court Reporter)

	<u>\$500,000 PLAN</u>	<u>\$1,000,000 PLAN</u>
Up to \$10,000	\$ 132.00	\$ 198.00
\$10,001-\$15,000	\$ 150.00	\$ 226.00
\$15,001+	\$ 185.00	\$ 277.00

NCR-10001 (Ed.07/2017)

SC.WWW

**PLEASE NOTE: Freelance reporting firms will receive a no-obligation premium quotation.**

Coverage becomes effective upon receipt of premium payment and approval of your application by the underwriter.

1. Enter the premium for the plan of your choice \$ \_\_\_\_\_  
2. Total Amount Due \$ \_\_\_\_\_

**BE SURE TO COMPLETE ALL PAGES AND SIGN**

**AMOUNT OF COVERAGE DESIRED (Check one)**

\$500,000 Plan

\$1,000,000 Plan

I am an (please check one)  Official Court Reporter  Independent Contractor and/or Freelance Reporter

1. Show gross annual revenues from all sources. If you are an Official Court Reporter, only indicate revenues from freelance work beyond your income as an Official Court Reporter (this includes the sale of transcripts). Do not include your salary as an Official Court Reporter.  
\_\_\_\_\_

2. During the past 5 years have any claims been made, or is any claim now pending, against you?  Yes  No

If Yes, attach a separate sheet providing details.

3. Have you or any officer, partner, employee or Independent Contractor affiliated with you been made aware of any situation which may give rise to a claim being made against them?  Yes  No

If "YES", give details (attach a separate sheet if necessary). \_\_\_\_\_

With respect to Questions 2 and 3, it is agreed that if such knowledge of any claim, fact or circumstance exists, any claim or action subsequently arising there from shall be excluded from coverage should this proposed Application lead to an insurance policy being issued.

The insurance described herein is subject to the terms, conditions and exclusions of the insurance policy. This application is subject to the underwriter's approval. Your completion of this application and premium payment does not bind coverage or obligate the insurance company to issue you insurance coverage. Coverage will become effective upon receipt of your acceptable application and premium payment. Your application cannot be processed unless it is completed in its entirety. The application is subject to the company's underwriting rules.

**YOU MUST SIGN AND DATE THIS APPLICATION**

**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 violation.

**Declaration and Signature**

The undersigned, on behalf of all prospective insureds, after a reasonable inquiry, declares to the best of his/her knowledge and belief that the statements contained herein are true and are the basis of the acceptance of the risk or the hazard assumed by the Company under this Policy. It is further agreed by the undersigned, its Subsidiaries and their directors, officers and trustees that the Policy, if issued, is in reliance upon the truth of such representations. It is agreed that, although the signing of the Application does not commit the undersigned to purchase the insurance being applied for, the statements made in this Application shall become the basis of the Policy should one be purchased. The Company is hereby authorized to make any investigation and inquiry in connection with this Application deemed necessary.

\_\_\_\_\_  
Signature of Authorized Partner / Office/Owner

\_\_\_\_\_  
Title

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Name of individual signing this application (printed)

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

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

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

If you choose to pay by credit card, visit <https://mercersecure.mercer.com/emailweb/createToken?client=110> 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.

*\*Credit card payments are not accepted by email or fax*

**Coverage Underwritten by: Liberty Insurance Underwriters, Inc.**

**PLEASE NOTE: This Application is for Claims-Made Coverage**



**Administrator:**

Anthony A. Baldus, Partner  
Mercer Health & Benefits Administration LLC  
License #17526255  
PO Box 14576  
Des Moines, IA 50306-3576  
1-800-765-9408

**Underwritten by:**

Liberty Insurance Underwriters, Inc.

In CA d/b/a Mercer Health & Benefits Insurance Services LLC  
AR Ins. Lic. #100102691  
CA Ins. Lic. #0G39709

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## **Mercer Consumer Insurance Compensation & Disclosure**

In this transaction, Mercer Consumer, a service of Mercer Health & Benefits Administration LLC (Mercer Consumer) is acting as the insurance agent and program manager for Liberty Insurance Underwriters Inc. ("Insurer") for this type of coverage, and not as your insurance broker. Comparable insurance products may be available in the insurance market place. Mercer Consumer is only offering this selected carrier 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. We may also receive additional monetary and nonmonetary compensation from insurers, or from other insurance intermediaries, which may be contingent upon such factors as volume, growth or retention of business. 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 referring to <http://www.personal-plans.com/disclosure> and enter in the security code o4913435 or call us at 1-888-206-5088 for specific details.