

## TYPING SERVICE SUPPLEMENTAL APPLICATION

1. Indicate the percent of business derived from the following types of clients:

- |                     |       |   |
|---------------------|-------|---|
| a. Medical          | _____ | % |
| b. Legal            | _____ | % |
| c. General Business | _____ | % |
| d. Literary         | _____ | % |
| e. Other* _____     | _____ | % |

\*Provide details. \_\_\_\_\_  
 \_\_\_\_\_

2. Do you provide support services other than typing?  Yes  No  
 If yes, provide details. \_\_\_\_\_  
 \_\_\_\_\_

	Yes	No
3. Do you retain a record of all incoming work requests received, and when and to who the work was delivered, either on paper or on computer?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have procedures in place for maintaining client confidentiality?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the facility have an automatic auxiliary power supply or manual backup system for use in case of a power failure or fire loss?	<input type="checkbox"/>	<input type="checkbox"/>

It is understood that this supplement becomes a part of the Professional Liability Application.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_