

**APPLICATION**  
**TRANSLATORS AND INTERPRETERS ERRORS AND OMISSIONS INSURANCE**  
**CLAIMS MADE POLICY**

THIS IS AN APPLICATION FOR A POLICY WITH LIMITS OF LIABILITY WHICH INCLUDE BOTH DAMAGES AND CLAIM EXPENSES. IF THERE IS ANY QUESTION, PLEASE CONSULT WITH YOUR AGENT, BROKER, OR ATTORNEY.

QUESTIONS	ANSWERS												
1. Full name and address of Applicant.	1.												
2. Address(es) of Branch Office(s).	2.												
3. Date Established.	3. _____												
4. The Applicant is:	4. <input type="checkbox"/> Individual; <input type="checkbox"/> Partnership; <input type="checkbox"/> Corporation; <input type="checkbox"/> _____												
5. Furnish the number of Partners and Staff: a) Principals/Partners; b) Professional Staff; c) Other Employees (Secretaries, Clerks, etc.).	5. <u>Full Time</u> <u>Part Time</u> a)      _____      _____ b)      _____      _____ c)      _____      _____												
6. a) Furnish the following information on all principals and key employees:	6. a)												
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"><u>Full Name</u></th> <th style="width: 15%;"><u>No. Years Experience</u></th> <th style="width: 30%;"><u>Professional Qualifications</u></th> <th style="width: 25%;"><u>How Long a Principal</u></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	<u>Full Name</u>	<u>No. Years Experience</u>	<u>Professional Qualifications</u>	<u>How Long a Principal</u>									
<u>Full Name</u>	<u>No. Years Experience</u>	<u>Professional Qualifications</u>	<u>How Long a Principal</u>										
b) If business is not more than TWO years old, attach resumes of the principals, key employees, and subcontractors.	b)												
7. a) Furnish estimated gross receipts for the NEXT fiscal year;	7. a)      \$ _____												
b) Furnish gross receipts for the current year and the past TWO years.	b) 19__      \$ _____ 19__      \$ _____ 19__      \$ _____												

QUESTIONS	ANSWERS	
<p>8. Furnish the percentage of work done for the following:</p> <p>a) Hospitals and Doctors;  b) Courts of law;  c) Police Departments;  d) Welfare Departments;  e) Engineering or Scientific;  f) Other _____</p>	<p>8.</p> <p>a) _____  b) _____  c) _____  d) _____  e) _____  f) _____</p>	<p><b>%</b></p> <p><u>Written</u></p> <p><b>%</b></p> <p><u>Verbal</u></p>
<p>9. Furnish the percentage of written translations of documents in each of the following categories:</p> <p>a) Published Material;  b) Pamphlets and Brochures;  c) Single Texts;  d) Other _____</p>	<p>9.</p> <p>a) _____  b) _____  c) _____  d) _____</p> <p>Total 100%</p>	<p><b>%</b></p>
<p>10. Furnish the names of the THREE largest clients.</p>	<p>10.</p> <p>1) _____  2) _____  3) _____</p>	<p><u>Client Names</u></p>
<p>11. a) Is the Applicant a member of any Linguistic Association?   b) If "Yes," furnish full details.</p>	<p>11. a) YES/NO   b)</p>	
<p>12. a) Does the Applicant hire translator subcontractors?   b) If "Yes," furnish the following:  1) The number of subcontractors hired in the last year;  2) The percentage of gross receipts derived from the subcontractors work.  3) Under what circumstances are the subcontractors hired?</p>	<p>12. a) YES/NO   b)</p> <p>1) _____  2) _____ %  3)</p>	

**QUESTIONS**

**ANSWERS**

12. b)  
 4) Furnish the qualifications required of the subcontractors by the Applicant.  
 5) Are the subcontractors required to have their own errors and omissions insurance?

12. b)  
 4)  
 5) YES/NO

13. a) Furnish the following information about the general liability insurance carried by the Applicant:  
 b) Does the general liability insurance include personal injury coverage?

13. a) Insurance Co. Policy Limit Expiration Date  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 b) YES/NO

14. a) Is the Applicant engaged in any other business or profession, or employed by any other firm, full or part-time?  
 b) If "Yes," furnish full details.

14. a) YES/NO  
 b)

15. a) During the past FIVE years has the name of the Applicant been changed or has any other business been purchased, merged or consolidated with the Applicant?  
 b) If "Yes," furnish full details.

15. a) YES/NO  
 b)

16. a) Has the named Applicant had errors and omissions insurance previously; either under their existing name, or that of any predecessor in business?  
 b) If "Yes," furnish full details of errors and omissions coverage for the last THREE years.

16. a) YES/NO  
 b)

<u>Insurer</u>	<u>Policy No.</u>	<u>Limits of Liability</u>	<u>Deductible</u>	<u>Premium</u>	<u>Expiration Mo./Day/Yr.</u>
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____

**QUESTIONS**

**ANSWERS**

<p>16. c) Is the Applicant's expiring policy a CLAIMS MADE policy?</p> <p>d) If "Yes," furnish the retroactive date and attach a copy of the expiring policy.</p>	<p>16. c) YES/NO</p> <p>d) _____</p>
<p>17. a) Has any application for this type of insurance made by the Applicant or their predecessors in business ever been declined, or has any similar insurance ever been canceled, non-renewed, refused, or had special terms imposed?</p> <p>b) If "Yes," furnish full details.</p>	<p>17. a) YES/NO</p> <p>b)</p>
<p>18. a) Has any Claim been made during the last FIVE years against the Applicant, any of their past or present owners, officers, partners, directors, or employees, either individually or otherwise on account of errors and omissions?</p> <p>b) If "Yes," furnish the following:</p> <ol style="list-style-type: none"> <li>1) Date the Claim was made;</li> <li>2) Name of the Claimant;</li> <li>3) Value of the Claim;</li> <li>4) If the Claim is settled or outstanding;</li> <li>5) Amount of the settlement;</li> <li>6) Brief Description.</li> </ol>	<p>18. a) YES/NO</p> <p>b)</p> <ol style="list-style-type: none"> <li>1) _____</li> <li>2) _____</li> <li>3) _____</li> <li>4) _____</li> <li>5) _____</li> <li>6) _____</li> </ol>
<p>19. a) Is the Applicant aware of any circumstances, or any allegation or contentions, as to any incident which may result in a Claim being made against the Applicant or any past or present owners, partners, officers, employees, or predecessors in business?</p> <p>b) If "Yes," furnish the following:</p> <ol style="list-style-type: none"> <li>1) Date the Applicant first became aware of any such alleged negligent act, error or omission;</li> <li>2) Name of the potential Claimant;</li> <li>3) Estimated value;</li> <li>4) Brief description.</li> </ol>	<p>19. a) YES/NO</p> <p>b)</p> <ol style="list-style-type: none"> <li>1) _____</li> <li>2) _____</li> <li>3) _____</li> <li>4) _____</li> </ol>

QUESTIONS	ANSWERS
20. a) Are there any other facts which, if disclosed to the Company, may influence their assessment of this Application?  b) If "Yes," furnish full details.	20. a) YES/NO  b)
21. Does the Applicant agree that this Application is for a CLAIMS MADE policy?	21. YES/NO
22. a) Limit of Liability required?  b) Amount of deductible required?	22. a) \$ _____ Each Claim /Aggregate  b) \$ _____

I/We hereby declare that the above statements and particulars are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that this declaration shall be the basis of the contract between me/us and the Company and that this Application will form a part of the policy.

\*Name of Firm: \_\_\_\_\_

By: \_\_\_\_\_

(Owner, Partner, or Senior Officer)

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

Date: \_\_\_\_\_ 19\_\_

*\* Signing this form does not bind the Applicant or the Company to complete the insurance.*