

## INSURANCE APPLICATION (This is an application for a Claims First Made and reported during the Policy)

### ONE

Applicant Full Name: \_\_\_\_\_

Company Name (If Applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

### TWO

Are you currently insured under another E&O program?  Yes  No

If yes, please advise name of insurer and Programme name: \_\_\_\_\_

If Yes, please provide: Policy #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Retroactive Date: \_\_\_\_\_  
(Date your 1st policy was effective)

Carrier: \_\_\_\_\_ Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_ Premium: \_\_\_\_\_

### THREE

Are you a member of NAJIT?  Yes  No

If Yes, provide membership #: \_\_\_\_\_

(Please note coverage can only be offered to NAJIT members).

### FOUR

What is your employment status?

Company Owner  Independent Contractor  Government Employee  Academia

Other If other, please state: \_\_\_\_\_

### FIVE

Total gross income from translation and interpretation services:

For the previous 12 months: \$ \_\_\_\_\_ For next the next 12 months (estimated): \$ \_\_\_\_\_

Startups: (must furnish projected figure for first year) \_\_\_\_\_

### SIX

Please indicate approximate % of split of work. (Combined percentage should equal 100%)

Interpreting % \_\_\_\_\_ Translating % \_\_\_\_\_ Other % \_\_\_\_\_

If other, please give details: \_\_\_\_\_

Please indicate approximate % of split of type(s) of engagements: (Combined percentage should equal 100%)

% work which is Court Appointed \_\_\_\_\_ % work for Government divisions (police etc) \_\_\_\_\_

% of other work \_\_\_\_\_ If other, please give details: \_\_\_\_\_

**SEVEN**

Do you currently subcontract out to others?  Yes  No

If yes, approximate percentage of total income this work represents: % \_\_\_\_\_

What percentage of your subcontractors carries E&O coverage? % \_\_\_\_\_

Do you require subcontractors to provide evidence of E&O coverage?  Yes  No

Please provide details of any subcontractors based outside of the USA: \_\_\_\_\_

\_\_\_\_\_

**EIGHT**

Do you always use a contract with each client?  Yes  No

**NINE**

Please indicate limits of liability you would like quoted:  \$250,000  \$500,000  \$1,000,000

**TEN**

Has E&O coverage ever been declined, canceled or non-renewed for you?  Yes  No

**ELEVEN**

Have any claims been made against the applicant or any of your past or present owners, officers, partners, directors, or employees, either individually or otherwise arising out of any negligent acts, errors or omissions?  Yes  No

If Yes, please provide full details including date, claimant's name(s) and amounts paid for both settlement and defense: \_\_\_\_\_

\_\_\_\_\_

**TWELVE**

Have you or any of your past or present owners, officers, partners, directors or employees, after inquiry; have any knowledge or information of any circumstance whatsoever which might give rise to a claim?  Yes  No

If Yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

Applicant represents and warrants to the best of their knowledge that the particulars and statements contained in this application are true and agree that these particulars and statements are the basis of the policy that may be issued, and will constitute a part of the policy. By Submitting this Application, the Applicant agrees that in the event the application contains misrepresentations or fails to state facts materially affecting the risk assumed by the insuring company under a policy issued, the policy may be deemed null and void.

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

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_ Company Position: \_\_\_\_\_