

**SUPPLEMENTARY APPLICATION  
ERRORS & OMISSIONS LIABILITY INSURANCE**



**TRANSLATORS**

|   |   |                          |
|---|---|--------------------------|
| 1. Name of Applicant  |   |                          |
| 2. State percentage of work done  |   |                          |
| Business  | _____ %   |                          |
| Scientific and/or technical   | _____ %   |                          |
| Accounting  | _____ %   |                          |
| Others (please specify)   |   |                          |
| _____   | _____ %   |                          |
| _____   | _____ %   |                          |
| 3. Which languages are translated?  |   |                          |
| _____   |   |                          |
| _____   |   |                          |
| 4. Is work passed to other translators; i.e. subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |                          |
| If yes, provide details as follows:   |   |                          |
| a) their qualifications   |   |                          |
| _____   |   |                          |
| _____   |   |                          |
|   | Yes   | No                       |
| b) whether they return all work to Applicant for checking and forwarding to clients   | <input type="checkbox"/>  | <input type="checkbox"/> |
| c) whether they have filed Certificate of Insurance with Applicant  | <input type="checkbox"/>  | <input type="checkbox"/> |
| If yes, what is the limit required? \$ _____  |   |                          |
| 5. Does the Applicant use a standard contract? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |                          |
| If yes, enclose copy.   |   |                          |
| <b>DECLARATION</b>  |   |                          |
| The undersigned declares that all statements made in the Supplementary Application are true. Signing of this document does not bind the Applicant to complete the insurance, but it is agreed that the Application and Supplementary Application shall be the basis of the contract, should a policy be issued. |   |                          |
| _____   | _____   |                          |
| Signature   | Title or Position   |                          |
| _____   |   |                          |
| Date  | <b>Must be signed by a Principal, Partner, Controller,<br/>Executive Officer or Director.</b> |                          |