THE SOVEREIGN GENERAL INSURANCE COMPANY

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 below) _____ %

3. Which languages are translated?

_____

_____

4. Is work passed to other transaltors; i.e. subcontractors? ☐ Yes ☐ No

If yes, provide details as follows:

a) their qualifications

_____

b) whether they return all work to Applicant for checking and forwarding to clients ☐ Yes ☐ No

c) whether they have filed Certificate of Insurance with Applicant ☐ Yes ☐ No

If yes, what is the limit required? $ _____

5. Does the Applicant use a standard contract? ☐ Yes ☐ No If yes, enclose copy.

DECLARATION

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