

**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, Executive Officer or Director.</b>