

ATA Professional Liability Insurance Renewal Application

We make the process of finding the right professional liability insurance coverage as quick and easy as possible. We can work with you to provide professional liability insurance quotes.

If you have any questions regarding your application, please contact us at:

Email: ata-questions@alliant.com

Toll Free: (855) 663 – 2282

Fax: (703) 563 - 1510

This application is fillable. Download, save to computer, then complete.

General Information

First Name (Required)	Middle Name	Last Name (Required)		
Company Name		Company Type		
Email Address (Required)				
Phone Number (Required)	Fax			
Physical Address (Required)				
City (Required)	State (Required)	Zip Code (Required)		
PO Box Address				
PO Box City	PO Box State	PO Box Zip Code		



Renewal Coverage Information

1.	Number of Employees (including yourself) (Required)						
2.	Are you currently insured under the ATA E&O program? * (Required						
	Yes	No					
3.	Policy Number	* (Required)					

ATA Membership

4. Expiration Date * (Required)

1. Are you an ATA Member? (Required)

Yes No

- a. If Yes, please provide your membership number (Required)
- b. If No, continue to the next questions

(*Membership is required to bind coverage in the ATA program. However, a premium quotation will be provided subject to receipt of membership information. If you have applied for membership, type in "pending" in the space provided for membership number. For details please visit: https://www.atanet.org/)

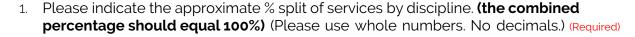
- 2. Are you ATA Certified? (Required) Yes No
 - a. If Yes, please provide language pairs (Required)
 - b. If No, continue to the next question.
- 3. What is your employment status? (Required)



Area of Services

1. Other than editing, interpreting, proofreading, translating, transcription, typesetting, DTP, and computer software localization, are there other services that you provide in respect of your translation/interpretation services? (Required)

Split Services by Discipline



- a. % Arts & Humanities:
- b. % Business:
- c. % Computers:
- d. % Engineering:
- e. % Medicine:
- f. % Social Science:
- g. % Industry & Technology:
- h. % Science:
- i. % Law:
- i. % Other
 - i. Please describe (explain the details of the "Other" split services rendered) (Required)

Total must equal 100%



Natural Language Processing

		guage Proces terpretation pr	•	imilar being	utilized o	during th	ne		
	Yes	No	N/A						
	i.	answer the fol Please elabor implementatio	ate how ofter			ding			
		Provide a list o being utilized.		iguage Proc	essing T	ool or si	milar to	ool	
Subco	ntracto	ors							
1. Do y	ou subcontr	act to others?	(Required)	Yes	No				
ć	a. If Yes, cor	mplete the fol	lowing:						
	ind ii. Do	hat is the apcome this wo you requir E&O coverage	ork represents re subcontra	(Required)		evidend	ce	Yes	No
	iii. Do	you have sub	ocontractors (outside of th	ne USA? (Required)		Yes	No
		a. If Yes, plea Africa, Asia, S							
2. Do yo	u always use	e the ATA mod	el contract wi	th each clie	nt?	Yes	No		
a.	If Yes, cont	inue to the ne	xt section.						
b.	If No, do y	you use your	clients or E-	mail as a co	ontract?	Υ	'es	No	

Please check here if you agree.

client's contract that I signed at that time.

i. Should a claim occur, I will provide a copy of the E-mail contract or my



Previous History:

 Has E&O Coverage ever been declined, canceled or non-renewed for you? (Required)

Yes

No

- a. If Yes, please explain.
- b. If No, continue to the next question.
- 2. 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? * (Required)

Yes No

Yes

No

- a. If Yes, please provide full details including the date, claimant's name(s) and amounts paid for both settlement and defense * (Required)
- b. If No, continue to the next question.
- 3. 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? * (Required)
 - a. If Yes, please provide details * (Required)
 - b. If No, continue to the next question.

Signature

Electronic Signature (Required)

Date (Required)

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 misrepresentation 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.

Please review the answers before sending in the application and ensure that all spelling of names, company, street, city, state, e-mail, phone numbers, and information on the application are correct before submitting. Thank you.

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