

## ATA Professional Liability Insurance New Business 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:** [renee.green@alliant.com](mailto:renee.green@alliant.com) and [rey.lavilla@alliant.com](mailto:rey.lavilla@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 - USA Numbers Only (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

# New Business Coverage Information



1. Number of Employees (including yourself) (Required)
2. Total gross income from translation and interpretation services for the previous 12 months \* (start-ups must furnish projected figure for the first year) **Do not round up or down, provide the exact amount?** (Required)
3. Limits of liability (Required)
4. Deductibles (Required)
5. Are you currently insured under another E&O program? (If the answer is "No," please skip to **ATA Membership.**) (Required)  
Yes                  No
6. Retroactive Date (date your policy was effective)
7. Policy Number
8. Expiration Date
9. Carrier

**Please provide a copy of your current policy when submitting your application.**

## ATA Membership

1. Are you an ATA Member? (Required)  
Yes                  No

(\*Membership is required to bind coverage in the ATA program. A premium quotation will be provided, but membership is required when you return the signed proposal.

**Note**, you must have an ATA Membership to bind the coverage. For details, please visit <https://www.atanet.org> to join.

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

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

## Area of Services

- ' \$ 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)
- Not Applicable

## Split Services by Discipline

1. Please indicate the approximate % split of services by discipline. **(the combined percentage should equal 100%)** (Please use whole numbers. No decimals.) (Required)
  - a. % Arts & Humanities:
  - b. % Business:
  - c. % Computers:
  - d. % Engineering:
  - e. % Medicine:
  - f. % Social Science:
  - g. % Industry & Technology:
  - h. % Science:
  - i. % Law:
  - j. % Other
    - i. Please describe (provide services not listed above) (Required)

**Total must equal 100%**



## Previous History:

- |   |     |    |
|---|-----|----|
| 1. Has E&O Coverage ever been declined, canceled or non-renewed for you? <i>(Required)</i>  | 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? * <i>(Required)</i> | Yes | No |
| a. If Yes, please provide full details including the date, claimant's name(s) and amounts paid for both settlement and defense * <i>(Required)</i>  |     |    |
| 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? * <i>(Required)</i>                | Yes | No |
| a. If Yes, please provide details * <i>(Required)</i>   |     |    |

## 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.**