

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: ata-questions@alliant.com

Toll Free: (855) 663 – 2282

Fax: (703) 563 – 1510

DOWNLOAD AND SAVE APPLICATION TO COMPUTER, THEN COMPLETE. THIS APPLICATION IS FILLABLE.

General Information

First Name *(Required)*

Middle Name

Last Name *(Required)*

Company Name *(Required)*

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

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)

Split Services

1. Please indicate the approximate % of split of the type(s) of service(s) you provide. **(The combined percentage should equal 100%)** (Please use whole numbers. No decimals.) (Required)
 - a. % Editing:
 - b. % Interpreting:
 - c. % Proofreading:
 - d. % Translating:
 - e. % Transcription:
 - f. % Other:
 - i. Please describe in details of the "Other" split services rendered) (Required)

Total must equal 100%

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 (explain the details of the "Other" split services rendered) (Required)

Total must equal 100%

Subcontractors

- 1. Do you subcontract to others? (Required) Yes No
 - a. If Yes, complete the following:
 - i. What is the approximate percentage of total income this work represents (Required)
 - ii. What percentage of your subcontractors carries E&O coverage?(Required)
 - iii. Do you require subcontractors to provide evidence of E&O coverage? (Required) Yes No
 - iv. Do you have subcontractors outside of the USA? (Required) Yes No
 - a. If Yes, please name the countries inside the continents of Africa, Asia, South America, North America, and Central America.
 - b. If No, continue to the next question.
- 2. Do you always use the ATA model contract with each client? Yes No
 - a. If Yes, continue to the next section.
 - b. If No, please attach a copy of your contract with pertinent information redacted or a statement advising you sign your client's contract and will provide a copy should a claim occur. (Required)
 - i. If E-mail is used, please provide details on how E-mail is used as a contract to complete work.

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> | | |
| b. If No, continue to the next question. | | |

Signature

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.