



**TRANSLATOR AND INTERPRETERS  
APPLICATION**

**CLAIMS/HISTORY**

**NOTE: All questions MUST be answered. Failure to disclose claims history could invalidate coverage**

1. Do you currently have E&O insurance coverage?  Yes  No  
Insurer                      Policy #:                      Liability Limits:                      Premium:                      Exp. Date:                      Retro Date:

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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?  Yes  No

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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?  Yes  No

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I understand and agree this Application and any supplements attached hereto will be relied upon for issuance of any policy. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private to release all Lloyd's of London participation syndicates, any documents, records or other information bearing up on the foregoing. I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources or information deemed relevant by the company as may be authorized by law.

Furthermore, I understand the policy applied for will apply only to CLAIMS FIRST MADE to the company in writing within the period of coverage shown on the certificate of insurance issued with the policy or certificate on the date the policy is canceled or terminated, whichever comes first or as otherwise provided by the policy. I understand this insurance is being provided through a surplus lines company and the insurer may not be subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.

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 misrepresentations 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.

**THIS APPLICATION MUST BE SIGNED BY APPLICANT WITHIN 30 DAYS OF BINDING. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY**

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 REQUESTED EFFECTIVE DATE

Are you required to name any other person or entity as an Additional Insured:  Yes  No

(1.) Name & Address: \_\_\_\_\_  
 \_\_\_\_\_

Interest of the additional insured:  Landlord  City or Government Agency  Lessor  Other: \_\_\_\_\_

Required for the following:  Professional Liability  General Liability  Both

(2.) Name & Address: \_\_\_\_\_  
 \_\_\_\_\_

Interest of the additional insured:  Landlord  City or Government Agency  Lessor  Other: \_\_\_\_\_

Required for the following:  Professional Liability  General Liability  Both