

**SUPPLEMENTAL MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION  
TRANSLATORS  
(Claims Made Basis)**

Name of Applicant: \_\_\_\_\_

1. Set forth the percentage and gross receipts by the type of translation services provided.

	<u>Percentage</u>	<u>Gross Receipts</u>
a) Documents	_____ %	\$ _____
b) Speech	_____ %	\$ _____

2. Set forth all the language for which the Applicant provides translation services.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. a) Does the Applicant provide the translation services with its own employees or through independent contractors?  
\_\_\_\_ Employees \_\_\_\_ Independent Contractors
- b) If translation services are provided through independent contractors, do you obtain written confirmation or documentation to show that the sub-contractor maintains and carries professional liability insurance?  
\_\_\_\_ Yes \_\_\_\_ No.

4. Describe the procedures utilized by the Applicant to ensure the accuracy of the translation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Attach copy of the Applicant's brochure advertising its translation services.

It is understood that this supplement becomes a part of the Application for Miscellaneous Professional Liability insurance, and is utilized to develop pertinent information unique to translation services.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Title