American Translators Association
The Voice of Interpreters and Translators

Alliant

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

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

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? (Required)

       Yes   No

6. Retroactive Date (date your policy was effective) (Required)

7. Policy Number * (Required)

8. Expiration Date * (Required)   9. Carrier * (Required)

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

ATA Membership

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)

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

Total must equal 100%

Natural Language Processing

1. Is Natural Language Processing Tool or similar being utilized during the translation/interpretation process? (Required)

    Yes   No   N/A

    a. If Yes, answer the following.
        i. Please elaborate how often this is utilized, including implementation of post editing measures?

        ii. Provide a list of Natural Language Processing Tool or similar tool being utilized.

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. Do you require subcontractors to provide evidence of E&O coverage? (Required)   Yes   No

        iii. Do you have subcontractors outside of the USA? (Required)   Yes   No

            a. If Yes, please name the countries (and not the continents, such as Africa, Asia, South America, North America, and Central America.)

2. Do you always use the ATA model contract with each client? (Required)   Yes   No

3. If No, do you use your clients or E-mail as a contract? (Required)   Yes   No

    a. Should a claim occur, I will provide a copy of the E-mail contract or my client's contract that I signed at that time.

        Please check here if you agree. (Required)

Previous History:

1. 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

    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)   Yes   No

    a. If Yes, please provide details * (Required)

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.