



Intact Insurance Company

Application for Translators' Professional Liability Insurance

All questions are to be answered as completely as possible. If a question is not applicable to your situation state N.A. If insufficient space, attach full details.

1. Name of Applicant:

Postal Address:

(Number) (Street) (City) (Prov.) (Postal Code)

Location of Operations:

2. Applicant is an ☐ Individual ☐ Partnership ☐ Corporation ☐ Employee

☐ Other (give details)

3. Applicant is a ☐ Franchisee ☐ Franchisor

4. How long has applicant been engaged in his/her current occupation or business?

Has applicant operated under a different corporate name in the past?

☐ Yes ☐ No

If yes, give details:

5. What languages does the Applicant translate?

6. a) Estimated gross receipts (all income, fees and commissions before deduction of expenses) for Applicant's profession or business activity for the coming policy year:

\$

b) Does the Applicant provide services or perform activities outside of Canada?

☐ Yes ☐ No

If yes, give full details indicating the services provided as well as the location and gross annual receipts:

7. Give details of the material the Applicant translates:

Business % Describe:

Legal % Describe:

Scientific % Describe:

Other % Describe:

8. List the educational and training requirements the Applicant has met as a prerequisite to operating in his/her profession. (Provide dates and name of institution, where possible.)

9. Is the Applicant a member of any Translators Association?

☐ Yes ☐ No

If yes, give details:

10. Indicate the number of employees actively engaged in any phase of Applicant's profession or business:

Professional _____ Clerical _____ Other (give details): _____

11. Complete the following for any person performing professional activities:

Name	Duties	Professional Designation	Years of Experience

12. a) Does Applicant issue guarantees and/or warranties to customers? ☐ Yes ☐ No

If yes, attach full details and copy of Applicant's form of guarantee or warranty.

b) Does Applicant agree to hold any person or organization harmless against claims or suits arising out of Professional Liability? ☐ Yes ☐ No

If yes, give full details: _____

13. Give particulars of all professional liability insurance held by the Applicant for past three (3) years.

Type of Policy		Policy Number	Insurer	Policy Limit	Policy Period
Claims made	Occurrence				

* If the policy is subject to a Retroactive Date, give details: _____

14. Give details of all Professional Liability claims brought against the Applicant during past five (5) years:



Date of Accident	Amount		Details
	Paid	Outstanding	

15. Has the Applicant any knowledge of any circumstance which could result in claim or suit being brought against the Applicant? ☐ Yes ☐ No

If yes, give details:

16. Limits of Insurance desired: \$ _____ Each Claim
\$ _____ Aggregate
\$ _____ Deductible

I/We declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses that hazard known to exist at the date of this application.

I/We declare that the statements made herein are in every respect true and correct and hereby apply for contract of insurance to be based upon the truth of the said statements.

Signed by: _____ Date: _____

Position:

Broker:

Signing of this form does not bind the Applicant to complete the insurance.