

**NEGLEY**  
**ASSOCIATES**  
UNDERWRITING MANAGERS



**SCOTTSDALE INSURANCE COMPANY®**

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**TRANSLATORS & INTERPRETERS SUPPLEMENTAL APPLICATION  
FOR ERRORS AND OMISSIONS COVERAGE**

1. Indicate the percent of total annual revenue derived from the following areas:

Translation..... \_\_\_\_\_ %  
Interpretation..... \_\_\_\_\_ %  
Other (describe) \_\_\_\_\_ %  
\_\_\_\_\_ %

2. Indicate the percent of total revenues as split between the following categories:

Medical ..... \_\_\_\_\_ %  
Legal/Court ..... \_\_\_\_\_ %  
Business ..... \_\_\_\_\_ %  
Social Services ..... \_\_\_\_\_ %  
Scientific ..... \_\_\_\_\_ %  
Other (describe) \_\_\_\_\_ %

3. Do you hire independent contractors? .....  Yes  No

If yes, complete the following:

a. Number of independent contractors: \_\_\_\_\_

b. How do you qualify your subcontractors? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Do you check references? .....  Yes  No

d. What are the minimum qualifications that you require for subcontractors? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e. Provide details of agreements or disclaimers used in connection with subcontractors (enclose copies): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you want coverage for your independent contractors? .....  Yes  No

5. List the languages translated: \_\_\_\_\_  
\_\_\_\_\_

It is understood that this supplement becomes a part of the general application for Errors and Omissions Coverage.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title