



Thank you for your trust in PPIB to support you with your Insurance needs. We're thrilled to do business with you and help protect what matters most to you. To get started, please follow these steps:

How to Submit Application

1. Complete Application -- Fill out the required information on the next few pages.
2. Save Application -- Once completed, save a copy to your computer so you can email it.
3. Sign Application -- Ensure it is signed by the business owner, either electronically or printed and signed.
4. Submit Application -- Send signed application to **submissions@ppibcorp.com**.

What to Expect Next?

After receiving your application, we will send you a confirmation email acknowledging receipt.

Within 3-5 business days, one of our insurance experts will reach out to you with any follow-up questions or a quote, depending on the status of your submission.

If you need the quote expedited, please indicate this when you submit your application via email.

If you need further assistance with the application, or have additional questions, please feel free to contact us at:

PHONE:
415.475.4300
877.655.0123

Submissions: submissions@ppibcorp.com

FAX:
415.475.4303

Let's Get Started

Fill Out Application on Next Page



**TRANSLATOR AND INTERPRETERS
APPLICATION**

Applicant Name: _____

Business Name (if applicable): _____

Email Address: _____

Phone Number: _____ Fax Number: _____

Mailing Address (If PO Box, must provide Physical Address): _____

City: _____ State: _____ Zip Code: _____

Business Address (if different than mailing): _____

City: _____ State: _____ Zip Code: _____

Professional Liability limit being requested: \$250K \$500K \$1M \$1M/2M \$1M/\$3M

Business operated as: Corporation LLC LLP Partnership Individual Independent Contractor

Gross Receipts: Prior 12 Months: _____ Next 12 Months: _____

Indicate approximate split of work
(Combined percentage should equal 100%)

Interpreting:	_____	%
Translating:	_____	%
Other: (Describe)_____	_____	%
Total:		100%

Indicate approximate percentage split types of engagements
(Combined percentage should equal 100%)

Court Appointed:	_____	%
Government Divisions (Police, etc.):	_____	%
Medical Facilities:	_____	%
Schools:	_____	%
Other (Describe): _____	_____	%
Total:		100%

Are you a member of the following? IMIA NAJIT N/A

Do you provide Teaching or Training Services? Yes No
If Yes, provide details: _____

Do you currently subcontract out to others? *(If Yes, answer below)* Yes No
Approximately, what percentage of total income does subcontractor work represent? _____

Do you require subcontractors to carry E&O coverage? Yes No

Provide details of any subcontractors based outside the USA: _____

Optional Coverages *(additional premium will apply)*

Do you need coverage for General Liability? Yes No Indicate Limit: \$1M \$1M/\$2M \$1M/\$3M

Do you wish to purchase Terrorism Coverage? Yes No

**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:
-
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
-
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
-

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