

## Insurance Program for AILIA Members

Please submit the application by email to [spaquette@riskbalance.com](mailto:spaquette@riskbalance.com) and a Risk Balance Inc. representative will contact you within 3 business days with a quote.

For any additional information, please contact:

Serge Paquette, Vice President

Risk Balance Inc.

[spaquette@riskbalance.com](mailto:spaquette@riskbalance.com)

613-225-3515 x244 or toll free at 1-866-931-8003 x244

### Company Details:

Company Name:

Contact Name:

Email:

Telephone:

Address:

City:

Province:

Postal Code:

Last financial year revenue:

Percentage of total US revenues:

%

Largest contract size:

Number of full time employees:

Total annual payroll:

### Errors & Omissions Liability

Limit required: \$250,000 per claim \ \$250,000 per year

\$500,000 per claim \ \$500,000 per year

\$1,000,000 per claim \ \$1,000,000 per year

\$2,000,000 per claim \ \$2,000,000 per year

\$3,000,000 per claim \ \$3,000,000 per year

Other:

### Commercial General Liability (Optional)

Limit required: \$1,000,000 per event \ \$1,000,000 per year

\$2,000,000 per event \ \$2,000,000 per year

\$3,000,000 per event \ \$3,000,000 per year

\$4,000,000 per event \ \$4,000,000 per year

\$5,000,000 per event \ \$5,000,000 per year

Other:

### Employment Practices Liability (Optional)

Limit required: \$250,000 per claim \ \$250,000 per year

\$500,000 per claim \ \$500,000 per year

\$1,000,000 per claim \ \$1,000,000 per year

Other:

### Property Insurance (Optional)

Limits required: General Content (at your premises):

Computer Equipment (at your premises):

Computer Equipment (away from your premises):

Loss of Revenues and Extra Expenses:

Other:

**Are you a member of AILIA:**                      Yes                      No

**Are you:**                                      An interpretation and/or translation firm  
     A self employed translator and/or interpreter  
     A language technology company  
     A language training organization  
     Other:

**Statement of Fact:**

After full enquiry, regarding all types of insurance to which this application relates, are you aware of any loss or damage, whether insured or not, that has occurred to any of the companies to be insured (or to any existing or previous business of the partners or directors of any of the companies to be insured) within the last five years?                      Yes                      No

Have partners or directors of the companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?                      Yes                      No

In the last five years has any client brought, or threatened to bring, legal action against you in relation to your products or the delivery of your business services?                      Yes                      No

Are you aware of any current problems or errors in your work that may give rise to a claim being brought against you that may be covered under this insurance policy?                      Yes                      No

Only applicable if you are inquiring for Property Insurance:  
 Are your business premises constructed with external walls of brick, stone or concrete and are they in a good state of repair?                      Yes                      No

Only applicable if you are inquiring for Employment Practices Liability Insurance:  
 - Are you currently undergoing employee layoffs:                      Yes                      No  
 - Are you contemplating employee layoffs in the next 12 months:                      Yes                      No  
 - Do you have grievance and disciplinary procedures:                      Yes                      No  
 - Do you have employees outside Canada:                      Yes                      No

**Declaration:**

I declare that after proper inquiry the statements and particulars given above are true and that I have not misstated or suppressed any material fact.                      Yes                      No

I agree that this application form, together with any other material information supplied by me shall form the basis of any contract of insurance effected thereon.                      Yes                      No

I undertake to inform underwriters of any material alteration to these facts occurring before completion of the contract.                      Yes                      No

**Signature:**

**Name (please print):**

**Date (YYYY/MM/DD):**