

## INTERPRETER AGENCY

### About Your Business

Launching and running an Interpreter agency can be one of the riskiest undertakings in life. Insuring your business from financial disaster will guarantee that all your hard work and long hours will be protected.

Every business is unique and customized. By filling out this form, we can obtain a business insurance proposal and have a representative contact you for review.

Please take a few moments and fill out the form below. The more information you can provide to us, the better it helps us to review your business insurance needs. All information is strictly confidential and is used for informational purposes only.

Instructions:

Please answer **ALL** the questions. If more space is required to answer a question, continue on applicant's letterhead.

Name of Agency: \_\_\_\_\_

Contact Name: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Date Established: \_\_\_\_\_

FEIN or UEIN or SSN: \_\_\_\_\_

Web Address/URL: \_\_\_\_\_

### Personal

Number of Full Time Employee Staff Interpreters      \_\_\_(this year)      \_\_\_(last year)

Number of Part Time Employee Staff Interpreters      \_\_\_(this year)      \_\_\_(last year)

Number of Independent Contracted Interpreters      \_\_\_(this year)      \_\_\_(last year)

Certifications (check all that apply)

\_\_\_% NIC                      \_\_\_%Not yet certified

\_\_\_%NIC Advanced

\_\_\_%NIC Master

\_\_\_%CDI/DI

**What percentages of your gross annual revenues are derived from:**

Interpreting material or type client:

**A.**

- \_\_\_ % Business Meeting
- \_\_\_ % Governmental/Municipality (other than Emergency Services)
- \_\_\_ % School (College/University)
- \_\_\_ % School K-12
- \_\_\_ % Mental Health
- \_\_\_ % Public Meetings (Workshop and Town Hall Meetings)
- \_\_\_ % Performing Arts/Entertainment
- \_\_\_ % Financial Investment
- \_\_\_ % Religious
- \_\_\_ % Rehabilitation

**B.**

- \_\_\_ % Healthcare/Hospital
- \_\_\_ % Emergency Services (fire, police)
- \_\_\_ % Medical Emergency
- \_\_\_ % Other \_\_\_\_\_ (describe)

**C.**

- \_\_\_ % VRS
- \_\_\_ % VRI

Total 100%

What percentage of the work has been done on the video? \_\_\_%

How do you manage your appointments/assignments?

- \_\_\_ Computer Software Brand \_\_\_\_\_ (INERPRiNET, Microsoft office)
- \_\_\_ Manual Calendar/Filing System
- \_\_\_ Other: \_\_\_\_\_ (Describe)

What are the total hours of service you can provide per months? \_\_\_Hrs

Dates of Agency's current fiscal period: From\_\_\_\_\_ To\_\_\_\_\_

Financial Information:

	Past Fiscal	Current
Fiscal Total Gross	_____	_____
Revenue	_____	_____

Were more than 50% of your total gross billings for any one year derived from a single client or contract? \_\_\_Yes \_\_\_No

If yes, Name of Client:\_\_\_\_\_

How long you expect this relationship to continue:\_\_\_\_\_ Years

Name of your agency's 5 largest jobs during the past 3 years:

Client Name	Total gross billings
1_____	_____
2_____	_____
3_____	_____
4_____	_____
5_____	_____

Does your firm secure a written contract or agreement for every request(s)?

\_\_\_Yes \_\_\_No Please attach a sample copy

Do your written contracts contain any of the following: (check all that apply)

\_\_\_ Hold Harmless or indemnification clauses in your favor?

\_\_\_ Hold Harmless or indemnification clauses in your client's favor?

\_\_\_ Guarantee or warranties?

\_\_\_ A specific description of your services

\_\_\_ Payment Terms

Approximate percentage of billing attributable to independent contractors interpreters

\_\_\_%

Property/Office:

Location Address\_\_\_\_\_

City\_\_\_\_\_State/Zip\_\_\_\_\_

Construction of office:\_\_\_\_\_ Square feet:\_\_\_\_\_

Year built:\_\_\_\_\_Sprinklered:\_\_\_Alarm:\_\_\_ if yes, type\_\_\_\_\_