



Specified Professions Professional Liability Product

PRINTERS SUPPLEMENT

Please fill out the General Information section, along with the section(s) you are requesting coverage.

Name of Applicant: _____ Date: _____

If you have a website, include your website address: _____

1. Indicate the percentage of gross receipts derived from each of the following:

- a) Business and legal forms, including stationary _____ %
- b) Corporate or financial related materials (annual reports prospectus, stock reports) _____ %
- c) Books _____ %
- d) Games of chance (i.e. chances, lottery tickets) _____ %
- e) Pamphlets and flyers _____ %
- f) Discount/rebate coupons _____ %
- g) Catalogs _____ %
- h) Yellow page directories _____ %
- i) Wedding invitations, calling cards, other social announcements _____ %
- j) Bindery _____ %
- k) Computer Graphics _____ %
- l) Other _____ %
- _____ %
- _____ %

2. If the applicant performs services for games of chance, attach a copy of procedures and controls employed, and complete details of each type of game printed.

3. Does the applicant engage in the distribution and/or redemption of coupons, rebates or other promotional game tickets?

Yes No If "Yes", attach details including specific contracts.

4. Does the applicant engage in the design of logos or trademarks for clients? Yes No

If "Yes", attach a narrative describing

(a) the number designed per year and

(b) the procedures followed for trademarks/copyrights.

5. Does the applicant engage in the obtaining or providing of mailing lists to clients? Yes No

6. Does the applicant prepare bulk mailings for clients? Yes No

7. Does the applicant require clients to approve all proof copies before printing? Yes No

IT IS UNDERSTOOD THIS SUPPLEMENT BECOMES PART OF APPLICATION FOR BUSINESS ERRORS OR OMISSIONS LIABILITY, AND IS UTILIZED TO DEVELOP INFORMATION UNIQUE TO THE OPERATIONS OF THE APPLICANT.

SIGNATURE

TITLE

DATE