



Supplemental Application
for
Miscellaneous Professional Liability
Insurance Policy

THIS IS A CLAIMS MADE AND REPORTED INSURANCE POLICY. READ IT CAREFULLY.

PRINTER'S SUPPLEMENTAL APPLICATION

Name of Applicant's Firm: _____

Street Address: _____

City, State, Zip: _____

1. Please indicate the percentages of the Applicant's total operations involving:

- _____ % Business and Legal Forms
- _____ % Newspapers & Magazines
- _____ % Pamphlets & Flyers
- _____ % Discount/Rebate Coupons
- _____ % Lottery Tickets
- _____ % Contest/Sweepstakes Tickets
- _____ % Books
- _____ % Directories (Yellow Page, Trade, Specialty)
- _____ % Catalogs
- _____ % Corporate/Financial (Annual Reports, Prospectus, Stock Reports)
- _____ % Social Printing (Wedding Invitations, Calling Cards, Announcements)
- _____ % Bindery
- _____ % Other – please describe: _____

TOTAL 100%

2. Do the Applicant's activities involve lettershop/ mailing services (i.e., envelope stuffing, postage handling, mailing, etc.)? Yes No
If yes, please provide written contract.

3. Does the Applicant involve the distribution and/or redemption of coupons, rebates or promotional game materials Yes No
If yes, please provide details, including specific contracts.

4. Do the Applicant's activities involve the design of logos or trademarks? Yes No
If yes, please advise:
(a) Number of trademarks developed per year: _____
(b) Description of the Applicant's legal review or other procedures used for clearing trademarks/copyrights:

7. Does the Applicant require its clients to approve proof copies before printing? Yes No
If yes, is approval given in writing? Yes No

Attention - Applicants in AR, CO, DC, KY, NJ, NM, NY, OH, OK, VA:

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 may also be subject to a civil penalty.

In Colorado: Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

In Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information, is guilty of a felony of the third degree.

Also provide: Agent Name: _____ Agent License #: _____

In Iowa and New Hampshire:

Provide: Producer Signature _____ Date: _____

In Maryland: Any person who, knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

In Pennsylvania: 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.

In Washington, Maine, Louisiana and Tennessee: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company (including false information in an application for insurance and claim for payment of loss or benefit). Penalties include imprisonment, fines and denial of insurance benefits.

THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS A PART OF THE MISCELLANEOUS PROFESSIONAL LIABILITY POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.

This Application must be signed by the Applicant.

Signature Title Date

NOTE: This Application including any material submitted herewith shall be treated in strictest confidence.

Please submit this Application including appropriate documentation to:

Great American Insurance Group, Professional Liability Division
One Penn Plaza, Suite 2100, New York, NY 10019