



Supplemental Application  
for  
Miscellaneous Professional Liability  
Insurance Policy

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

**PUBLIC RELATIONS SUPPLEMENTAL APPLICATION**

Name of Applicant's Firm: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

1. Please list the Applicant's major clients:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Please complete the appropriate sections indicating the approximate percentages of the Applicant's total operation involving:  
(Must total 100%)

- \_\_\_\_\_ % Marketing Consulting
- \_\_\_\_\_ % Direct Mail Design and Distribution
- \_\_\_\_\_ % Mailing List Brokering
- \_\_\_\_\_ % Mailing List Creation and Maintenance
- \_\_\_\_\_ % Data Warehousing/Data Processing
- \_\_\_\_\_ % Desktop Publishing Design/Layout
- \_\_\_\_\_ % Graphic Design
- \_\_\_\_\_ % Promotion/Sweepstakes/Contests/Coupon Design
- \_\_\_\_\_ % Promotion/Sweepstakes/Contests/Coupon Administration
- \_\_\_\_\_ % Fulfillment Services
- \_\_\_\_\_ % Commercial Printing
- \_\_\_\_\_ % Catalog Design/Publishing/Distribution
- \_\_\_\_\_ % Advertising Agency Services
- \_\_\_\_\_ % Public Relations Consulting
- \_\_\_\_\_ % Package/Custom Software Development
- \_\_\_\_\_ % Telemarketing
- \_\_\_\_\_ % Investor Relations
- \_\_\_\_\_ % Other - Please describe: \_\_\_\_\_

3. Does the Applicant use subcontractors?  Yes  No

**If yes, advise:** \_\_\_\_\_

(a) For what services: \_\_\_\_\_

(b) Approximate percentage of time subcontractors are utilized: \_\_\_\_\_ %

(c) Does the Applicant require that they maintain E&O insurance?  Yes  No

(d) Please attach copy of contract used with subcontractors.

4. (a) Is the Applicant involved in the development or design of copyrighted materials, trademarks, logos, packaging or display design?  Yes  No  
(b) The total number of trademarks the Applicant develops each year: \_\_\_\_\_  
(c) Provide description of the Applicant's legal review or other procedures used for clearing trademarks, copyrighted material or other intellectual property.
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5. Does the Applicant utilize outside legal counsel for review and/or consultation on personal injury and intellectual property matters?  Yes  No  
If yes, please advise name of attorney and firm: \_\_\_\_\_

6. Do the Applicant's activities involve set-up and/or management of promotional games, contests, lotteries, sweepstakes or other games of chance?  Yes  No  
If yes, please provide details including specific contracts.

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7. Do the Applicant's contracts always require the Applicant's client to sign off on all press releases, advertising or promotional materials prior to dissemination?  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.**

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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