

SPECIALTY E & O PLAN

SPECIALTY ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY APPLICATION GRAPHIC DESIGNER SUPPLEMENT

1. Name of **Your** firm: _____

2. Please indicate the percentages of **Your** total operations involving. (Must total 100%):

_____ % Book or Magazine Illustrations
_____ % Animated Films or Commercials
_____ % Landscape Design
_____ % Medical Charts or Graphs
_____ % Architectural Drawings or House Plans
_____ % Prototypes
_____ % Package Design
_____ % Other (Describe) _____

3. Do **Your** services require approval by a licensed architect or engineer? _____ Yes _____ No

4. Do **You** design logos or trademarks? _____ Yes _____ No If yes, please advise:

(a) Number of logos/trademarks developed per year _____

(b) Describe **Your** legal review procedures for clearing trademarks/copyrights:

5. Do **You** require **Your** clients to approve proof copies? _____ Yes _____ No
If yes, is approval given in writing? _____ Yes _____ No

THIS GRAPHIC DESIGNER SUPPLEMENT IS ATTACHED TO AND FORMS A PART OF THE SPECIALTY ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.

Date

Your Signature/Title

NOTE: THE SIGNATURE MUST BE THAT OF AN ACTIVE OWNER, PARTNER OR EXECUTIVE OFFICER OF YOUR FIRM.