

# SPECIALTY E & O PLAN

## SPECIALTY ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY APPLICATION PRINTERS SUPPLEMENT

1. Name of **Your** firm: \_\_\_\_\_

2. Please indicate the percentages of **Your** total operations involving:

\_\_\_\_\_ % Business and Legal Forms  
\_\_\_\_\_ % Newspapers & Magazines  
\_\_\_\_\_ % Pamphlets & Flyers  
\_\_\_\_\_ % Discount/Rebate Coupons  
\_\_\_\_\_ % Lottery Tickets  
\_\_\_\_\_ % Contest/Swoopstakes Tickets  
\_\_\_\_\_ % Books  
\_\_\_\_\_ % Directories (Yellow Page, Trade, Specialty)  
\_\_\_\_\_ % Catalogs  
\_\_\_\_\_ % Corporate/Financial (Annual Reports, Prospectus, Stock Reports)  
\_\_\_\_\_ % Social Printing (Wedding Invitations, Calling Cards, Announcements)  
\_\_\_\_\_ % Bindery  
\_\_\_\_\_ % Other (Describe) \_\_\_\_\_  
\_\_\_\_\_

Total 100%

3. Do **Your** activities involve lettershop/mailling services (i.e. envelope stuffing, postage handling, mailing, etc.)?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please provide written contract.

4. Do **Your** activities involve the distribution and/or redemption of coupons, rebates or promotional game materials? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please provide details including specific contracts.  
\_\_\_\_\_  
\_\_\_\_\_

5. Do **Your** activities involve the design of logos or trademarks? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please advise:

- (a) Number of trademarks developed per year \_\_\_\_\_  
(b) Description of **Your** legal review or other procedures used for clearing trademarks/copyrights  
\_\_\_\_\_  
\_\_\_\_\_

6. Do **You** require **Your** clients to approve proof copies before printing? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, is approval given in writing? \_\_\_\_\_ Yes \_\_\_\_\_ No

**THIS PRINTERS 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.**