



GRAPHIC DESIGNER SUPPLEMENT
Forming part of the Professional Liability Application

Name of Applicant

Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:

Book or Magazine Illustrations _____
Percentage

Animated Films or Commercials _____
Percentage

Architectural Drawings or House Plans _____
Percentage

Landscape Design _____
Percentage

Medical Charts or Graphs _____
Percentage

Package Design _____
Percentage

Prototypes _____
Percentage

Other _____
Describe _____ Percentage

TOTAL should equal 100%

Does your firm provide any services other than Graphic Design, including Printing and Advertising? Yes No

If yes, please provide full description

Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than 3% shareholder of said client? Yes No

If Yes Please provide:

Client Name

Applicant's relationship with client

Approximate General Revenue generates from Client

Were more than 50% of your total gross billings for any one year derived from a single client or contract? Yes No

If Yes Please provide:

Client Name

Services Rendered

How long you expect this relationship to continue



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Do you provide professional services on projects in which you retain an ownership interest? Yes No

If yes, please provide full details

Do you retain the rights to completed designs? Yes No

If yes, please provide full details

Do you your services require approval by an architect and or engineer? Yes No

If yes, please provide full details

Do you design logos and/or trademarks? Yes No

If Yes, Please describe your legal review procedures for clearing trademarks/copyrights

Do you require your clients to approve proof copies? Yes No

If Yes, is the approval taken in writing? Yes No

If no, please describe the process.

How long do you keep your clients' information/documentation on file? _____
Years

Print Name and Title

Signature of Applicant or Authorized Representative

DATE: | D | D | M | M | Y | Y |