



PRINTERS 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:

Newspapers and Magazines	_____ Percentage
Books	_____ Percentage
Directories (Yellow Page, Trade, Specialty)	_____ Percentage
Business and Legal Forms	_____ Percentage
Medical Charts or Graphs	_____ Percentage
Catalogs	_____ Percentage
Pamphlets and Flyers	_____ Percentage
Discount/Rebate Coupons	_____ Percentage
Lottery Tickets	_____ Percentage
Contest/Sweepstakes Tickets	_____ Percentage
Corporate/Financial (Annual Reports, Prospectus, Stock Reports)	_____ Percentage
Social Printing (Invitations, Announcements etc.)	_____ Percentage
Bindery	_____ Percentage
Other _____ Describe	_____ Percentage

TOTAL should equal 100%

Does your firm's activities involve the design of logos and/or trademarks? Yes No

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

Does your firm provide any services other than Printing, e.g. envelope staffing, postage handling, mailing, etc.? Yes No

 If Yes, please provide full description.



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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.

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

Relationship with client

Approximate Annual revenue generated from client

Were more than 50% of your total gross billing for any one year derived from a single client or contract?

Yes No

If yes please provide:

Client Name

Relationship with client

How long do you expect this relationship to continue?

Describe your firm's five(5) largest jobs or projects during the past three (3) years.

	Clients Name	Services Provided	Total Gross Billing (CAD\$)
1			
2			
3			
4			
5			

Do you provide professional services in which you retain an ownership interest?

Yes No

If Yes, please provide full.



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Do you utilize the services of independent contractors or sub-consultants?

Yes No

Approximate percentage of billing attributable to sub-contractors/consultants?

Percentage

Are all sub-contractors and consultants required to show proof of General Liability and Professional Liability coverage's showing you as an additional insured?

Yes No

If yes, what limits?

Print Name and Title

Signature of Applicant or Authorized Representative

DATE:

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