



Property & Casualty

# Application for Printers: Errors & Omissions Coverage

Insured: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Headquarters Province: \_\_\_\_\_ Annual Sales \$: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

**Coverages/ Limits/ Deductibles**

1. Please select a limit and deductible for each coverage desired.

Coverage	Limits	Deductible
Printers Errors and Omissions Coverage (Mandatory)	<input type="radio"/> \$100,000 Per Claim / \$100,000 Aggregate	<input type="radio"/> \$500
	<input type="radio"/> \$250,000 Per Claim / \$250,000 Aggregate	<input type="radio"/> \$1,000
	<input type="radio"/> \$500,000 Per Claim / \$500,000 Aggregate	<input type="radio"/> \$2,500
	<input type="radio"/> \$1,000,000 Per Claim / \$1,000,000 Aggregate	<input type="radio"/> \$5,000
	<input type="radio"/> \$2,000,000 Per Claim / \$2,000,000 Aggregate	<input type="radio"/> \$10,000

**Eligibility**

2. Please note that printers of any of the following materials are ineligible for this coverage:

- Legal documents
- Lottery tickets
- Newspapers
- Telephone directories
- Prize tickets
- Instructions or warnings for medical equipment
- Instructions or warnings for high tech equipment

3. What percentage of your jobs require design, layout, or other prepress work? \_\_\_\_\_%

4. What percentage of your jobs do you subcontract to others? \_\_\_\_\_%

**Exposures/Controls**

5. What was the size of your largest job in the past 5 years? \$ \_\_\_\_\_  
What kind of work was it? \_\_\_\_\_

6. In the past 12 months, how many of your jobs exceeded \$50,000 in billings? \_\_\_\_\_

7. Do you perform either of the following services? (Please check all that apply.):  Optical Character Recognition  Typesetting

8. Do you print any of the following? (Please check all that apply.)

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Advertising           | <input type="checkbox"/> Newspaper Supplement    | <input type="checkbox"/> Annual Reports | <input type="checkbox"/> Posters              |
| <input type="checkbox"/> Catalogs              | <input type="checkbox"/> Signs                   | <input type="checkbox"/> Computer Forms | <input type="checkbox"/> Stickers             |
| <input type="checkbox"/> Financial Information | <input type="checkbox"/> Tickets (not lottery)   | <input type="checkbox"/> Labels         | <input type="checkbox"/> Trade Show Materials |
| <input type="checkbox"/> Magazines             | <input type="checkbox"/> Universal Product Codes | <input type="checkbox"/> Manuals        | <input type="checkbox"/> Wrapping Tags        |

9. With respect to the work you subcontract to others:

- a. Do you require subs to provide proof of Printers E&O coverage?  Yes  No
- b. Do you require that the subs' E&O insurance limits match yours?  Yes  No

10. Do you require customer sign-offs for:

- a. Final Proofs?  Yes  No
- b. Completed Materials?  Yes  No

How long do you retain records of customer sign-offs? Months \_\_\_\_\_ / Years \_\_\_\_\_

11. a. What percentage of your work is contracted using your own standardized contract form? \_\_\_\_\_%
- b. Are all job contracts (standard and custom) reviewed by legal counsel?  Yes  No

12. Have any of the following occurred during the past five years?

- a. Payment was withheld by a customer?  Yes  No
- b. You had a contract dispute with a customer?  Yes  No
- c. You were overdue in performing a contract?  Yes  No
- d. A claim or judgment resulted from any of the above?  Yes  No

13. Any policy cancelled or non-renewed during the past five years? If yes, please explain.

\_\_\_\_\_

14. Are you aware of any incidents, which have or may result in claims against you? If yes, please provide details including date of occurrence, amounts paid or reserved and description of the incident.

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Producer's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Producer's Name: \_\_\_\_\_

