

**SUPPLEMENTARY APPLICATION
ERRORS & OMISSIONS LIABILITY INSURANCE**

PRINTERS / PUBLISHERS

1. Name of Applicant _____	
2. Do customers approve materials for accuracy before printing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you subcontract work out? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe type of work. _____ _____ _____	
4. State percentage of work on:	
Business Forms _____ %	Negotiable Securities _____ %
Advertising _____ %	Platemaking _____ %
Leaflets / Flyers _____ %	Publications (books, magazines) _____ %
Catalogues _____ %	Newspapers _____ %
Financial Reports/materials _____ %	Lottery or game tickets _____ %
Computer forms _____ %	Coupons _____ %
Binding _____ %	Packaging _____ %
Tickets _____ %	Others (please specify below) _____ %
_____ _____	
DECLARATION	
The undersigned declares that all statements made in the Supplementary Application are true. Signing of this document does not bind the Applicant to complete the insurance, but it is agreed that the Application and Supplementary Application shall be the basis of the contract, should a policy be issued.	
_____ Signature	_____ Title or Position
_____ Date	