

**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)            _____ %
_____ _____	
<b>DECLARATION</b>	
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	