



AMERICAN INTERNATIONAL COMPANIES ®

Name of Insurance Company
To Which Application is Made: \_\_\_\_\_
(herein called the Insurer)

PRINTING SERVICES SUPPLEMENTAL APPLICATION

NOTE: PLEASE BE ADVISED THAT ALL QUESTIONS ARE ASKED WITH REGARD TO PROFESSIONAL SERVICES PERFORMED FOR OTHERS\*

- 1. Name of Applicant: \_\_\_\_\_
2. Indicate the percentage of gross receipts derived from each of the following:

Table with 3 columns: Type of Printing Material, Percentage. Rows include: Business and legal forms, Corporate or financial related materials, Books, Games of chance, Pamphlets & flyers, Discount/rebate coupons, Catalogs, Yellow page directories, Wedding invitations, Bindery, Computer graphics, Other, and a TOTAL row.

- 3. If the applicant performs services for games of chance, attach a copy of procedures and controls employed, and complete details of each type of game printed.
4. Does the applicant engage in the distribution and/or redemption of coupons, rebates or other promotional game tickets? Yes [ ] No [ ] If "Yes," attach details including specific contracts.
5. Does the applicant engage in the design of logos or trademarks for clients? Yes [ ] No [ ]

Named Applicant \_\_\_\_\_

Date \_\_\_\_\_

If "Yes," attach a narrative describing (a) the number designed per year and (b) the procedures followed for trademarks/copyrights.

6. Does the applicant engage in the obtaining or providing of mailing lists to clients?  
Yes  No
7. Does the applicant prepare bulk mailings for clients?  
Yes  No
8. Does the Applicant require clients to approve all proof copies before printing?  
Yes  No

**THIS SUPPLEMENTAL APPLICATION DOES NOT BIND THE APPLICANT TO BUY OR THE INSURER TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY. THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS SUPPLEMENTAL APPLICATION ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS SUPPLEMENTAL APPLICATION CHANGES BETWEEN THE DATE OF THIS SUPPLEMENTAL APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.**

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

(must be signed by the President or Chief Executive Officer if a corporation, a general partner if a partnership)

Broker: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_