

Application for Printers' Professional Liability Insurance

All questions are to be answered as completely as possible. If a question is not applicable to your situation state N.A. If insufficient space, attach full details.

1. Name of Applicant: _____
Postal Address: _____
(Number) (Street) (City) (Prov.) (Postal Code)
Location of Operations: _____

2. Applicant is an ☐ Individual ☐ Partnership ☐ Corporation ☐ Employee
☐ Other (give details) _____
3. Applicant is a ☐ Franchisee ☐ Franchisor
4. How long has applicant been engaged in his/her current occupation or business? _____
Has applicant operated under a different corporate name in the past? ☐ Yes ☐ No
If yes, give details: _____

5. a) Estimated gross receipts (all income, fees and commissions before deduction of expenses)
for the coming policy year: \$ _____
b) Does the Applicant provide services or perform activities outside of Canada? ☐ Yes ☐ No
If yes, give full details indicating the services provided, as well as the location and gross annual receipts:

6. Give the breakdown of your total receipts for the following work categories:

<p style="text-align: center;">%</p> <p>_____ Advertising</p> <p>_____ Bookbinding – No Printing</p> <p>_____ Book Manufacturing – Including Printing</p> <p>_____ Business Forms (Excluding OCR, UPC and Computer Forms)</p> <p>_____ Catalogs</p> <p>_____ Labels, Wrappers, Tags</p> <p>_____ Mailing – Addressing Operation</p> <p>_____ Direct Mail</p> <p>_____ O.C.R. (Optical Character Recognition)</p> <p>_____ Photoengraving</p> <p>_____ Photography</p> <p>_____ Publications</p> <p>_____ Booklets _____ %</p> <p>_____ Magazines _____ %</p> <p>_____ Newspaper _____ %</p> <p>_____ Periodicals _____ %</p>	<p style="text-align: center;">%</p> <p>_____ Commercial Printing, General</p> <p>_____ Computer Forms</p> <p>_____ Envelope Manufacturing</p> <p>_____ Film Preparation</p> <p>_____ Financial and Legal Material</p> <p>_____ Folding Boxes Manufacturing (excluding OCR, UPC, Labels, Tags, Wrappers)</p> <p>_____ Telephone Directories</p> <p>_____ Tickets</p> <p>_____ Lottery _____ %</p> <p>_____ Games of Chance _____ %</p> <p>_____ Other (give details) _____</p> <p>_____ Typesetting</p> <p>_____ U.P.C. (Universal Product Code)</p> <p>_____ Other; Describe _____</p> <p>_____</p> <p>_____</p>
--	--

7. Do you subcontract out any work? ☐ Yes ☐ No

If yes, does Applicant require proof of insurance? ☐ Yes ☐ No

If yes, provide complete details of work subcontracted: _____

8. a) Does Applicant issue guarantees and/or warranties to customers? ☐ Yes ☐ No
 If yes, attach full details and copy of Applicant's form of guarantee or warranty.

b) Does Applicant agree to hold any person or organization harmless against claims or suits arising out of Professional Liability? ☐ Yes ☐ No

If yes, give full details: _____

9. Give particulars of all professional liability insurance held by the Applicant for past three (3) years.

Type of Policy		Policy Number	Insurer	Policy Limit	Policy Period
Claims Made	Occurrence				
*					
*					
*					
*					
*					

* If the policy is subject to a Retroactive Date, give details: _____

10. Give details of all Professional Liability claims brought against the Applicant during past five (5) years:

Date of Accident	Amount		Details
	Paid	Outstanding	

11. Has the Applicant any knowledge of any circumstance which could result in claim or suit being brought against the Applicant? ☐ Yes ☐ No

If yes, give details: _____

12. Limits of Insurance desired: \$ _____ Each Claim
 \$ _____ Aggregate
 \$ _____ Deductible

I/We declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses the hazards known to exist at the date of this application.

I/We declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.

Signed by: _____ Date: _____

Position: _____

Broker: _____

Signing of this form does not bind the Applicant to complete the insurance.