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**SPECIALTY ERRORS AND OMISSIONS
 LIABILITY INSURANCE POLICY APPLICATION
 PRINTERS SUPPLEMENT**

1. Name of Your firm _____

2. Please indicate the percentages of Your total operations involving:

_____ %	Business and legal Forms
_____ %	Newspapers & Magazines
_____ %	Pamphlets & Flyers
_____ %	Discount/Rebate Coupons
_____ %	Lottery Tickets
_____ %	Contest/Sweepstakes Tickets
_____ %	Books
_____ %	Directories (Yellow Page, Trade, Specialty)
_____ %	Catalogs
_____ %	Corporate/Financial (Annual Reports, Prospectus, Stock Reports)
_____ %	Social Printing (Wedding Invitations, Calling Cards, Announcements)
_____ %	Bindery
_____ %	Other (Describe) _____
_____	_____
_____	_____

Total 100%

3. Do Your activities involve lettershop/mailling services (i.e. envelope stuffing, postage handling, mailing, etc.)? Yes No

4. Do Your activities involve the distribution and/or redemption of coupons, rebates or promotional game materials? Yes No

If yes, please provide details including specific contracts.

5. Do Your activities involve the design of logos or trademarks? Yes No

If yes, please advise:

(a) Number of trademarks developed per year _____

(b) Description of Your legal review or other procedures used for clearing trademarks/copyrights

6. Do You require your clients to approve proof copies before printing? Yes No

If yes, is approval given in writing? Yes No

THIS PRINTERS SUPPLEMENT IS ATTACHED TO AND FORMS A PART OF THE SPECIALTY ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.

Date

Your Signature/Title

NOTE: THE SIGNATURE MUST BE THAT OF AN ACTIVE OWNER, PARTNER OR EXECUTIVE OFFICER OF YOUR FIRM.