



APPLICATION FOR GRAPHIC ARTS ERRORS AND OMISSIONS COVERAGE

Utica National Insurance Group • New Hartford, New York

Date: _____ Producer: _____
 Named Insured: _____
 Mailing Address: _____
 Policy Period: From _____ To _____

DO NOT BIND - MUST HAVE COMPANY UNDERWRITING AUTHORIZATION - SEE BOP MANUAL FOR EXCEPTIONS

- Limit of Liability requested: _____ Deductible requested: _____
- Gross receipts (Excluding pass-through postage costs):
 - Annual for last three years: _____ ; _____ ; _____
 - Projected for this year: _____
- Do you want optional coverage for postage costs? Yes No
 If yes: **A.** What were your annual postage costs for the past 3 years: _____ ; _____ ; _____
B. What are your projected postage costs for this year: _____
- Indicate percentage of current total receipts for the following four categories(only indicate final products/services provided to others and only indicate total percentages by group for the types of printing you are involved in):

_____ % Category A	_____ % Category C
Color Separation	Advertising Materials
Envelopes	Annual Reports
Folding Box Printing (Not mfg.)	Book Binding
Newsletters/Bulletins	Catalogues
Photo Engraving	Coupons
Presentation Folders/Binders	Design/Typography
Stationary	Directories (phone)*
_____ % Category B	_____ % Category D
Bank Checks/Money Orders	Financial/Corporate, Legal (e.g. stock reports, prospectus, contracts)
Blue Prints	Games of Chance**
Booklets	Graphic Design
Book Printing	Labels, Stickers
Brochures	Labels, Wrapping Tags
Business Reply Cards	Lottery Tickets**
Business Forms	Magazine Publishers
Computer Forms	Manuals
Data Sheets	Newspaper Supplements
Die Cutting	OCR (Optical Character Recognition)
Embossing	Periodicals
Engraving	Posters/Signs
Equipment Lists	Pre-Press Services (see question #11)
Film Processing	Tickets
Finishing Services (incl. Binding)	Trade Show Materials
Foil Stamping	Typesetting
Greeting Cards	UPC (Universal Products Code)
Money Orders	Website Design & Development
Newspaper	
Packaging (not mfg.)	
Photo Duplicating	
Platemaking	
Press Kits	
Publications Inserts N.O.C.	
Reprographics	
Specialty Items (Matchbooks, Napkins, T-Shirts, Lighters, Maps, Mugs, Menus, Programs, etc.)	
Wallpaper	
	Other (describe): _____
	Total of All Categories (should Equal 100%) _____ %
	*Risks with this exposure generally cannot be written.
	**This exposure is specifically excluded via policy language.
	(exclude receipts for these exposures in Items 2 & 4)

5. If under 4 above you have indicated exposure under any "C" classification **the following loss control procedures must be in place or risk is not eligible for this coverage:**
- Does our Insured's customer proofread drafts of any material printed by our insured prior to final printing?
 Yes No
 - Does our Insured's customer sign an acceptance of the completed printed product? Yes No
6. Any changes in operations anticipated? Yes No
 If yes, describe: _____

7. Is more than 5% of your graphic arts related operation subcontracted? Yes No
 If yes, are certificates of insurance and/or hold harmless agreements obtained from subcontractors?
 Yes No
8. Do you have any publishing exposure? Yes No
 If yes, describe: _____
9. Do you ever provide pre-press service (e.g. typesetting, platemaking, etc.) for other graphic arts entities?
 Yes No If yes, please describe nature/extent of such services:

10. Have you ever been sued or had to pay for the improper performance of any graphic arts related services provided by you or your subcontractors? Yes No
 Are you aware of any pending claims? Yes No
 If yes, explain: _____

11. Have you had E and O coverage cancelled or non-renewed? Yes No
 If yes, please give details: _____

THIS APPLICATION DOES NOT CONSTITUTE A BINDER

FRAUD WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

NOTE: FOR STATES THAT REQUIRE SPECIFIC FRAUD WARNING LANGUAGE, USE ACORD 63 FRAUD STATEMENTS, WHICH MUST BE READ AND SIGNED BY THE APPLICANT AND ATTACHED TO EACH COPY OF THE APPLICATION REQUIRED TO BE SUBMITTED.

Applicant's Signature

Date