



PRINTING SUPPLEMENTAL APPLICATION

Please answer all questions. Attach additional sheets if more space is needed.

SECTION I. APPLICANT INFORMATION

1. Proposed Effective Date: _____ To _____
2. Named Insured (full legal name): _____
3. DBA / Trade name(s): _____
4. Mailing Address: _____
5. City: _____ State: _____ Zip Code: _____
6. Contact Name: _____ Phone: _____
7. Email Address: _____ Website: _____
8. FEIN: _____ Year business started: _____ Years of industry experience: _____
9. Type of entity
☐ Individual / sole proprietor ☐ Partnership ☐ Corporation
☐ LLC ☐ Nonprofit ☐ Other

SECTION II. BUSINESS OPERATIONS

10. Describe your operations in detail: _____
11. Additional description: _____
12. Gross revenue - last 12 months: \$ _____ Next 12 months: \$ _____
13. Full-time employees: _____ Part-time employees: _____ Annual payroll: \$ _____
14. Address of each location (attach a list if more than one): _____

SECTION III. PLANT / PREMISES

15. Primary premises address: _____
16. City: _____ State: _____ Zip Code: _____
17. Premises are
☐ Owned by applicant ☐ Leased by applicant ☐ Owned - part leased to others
18. Square feet occupied: _____ Year built: _____ Stories: _____
19. Building construction
☐ Frame ☐ Joisted masonry ☐ Non-combustible
☐ Masonry non-combustible ☐ Fire resistive ☐ Other
20. Is the building fully protected by automatic sprinklers? ☐ Yes ☐ No
21. Is there a central-station monitored fire and burglar alarm? ☐ Yes ☐ No
22. Hours of operation: _____ Days open per week: _____

SECTION IV. PRODUCTS

23. List products manufactured, distributed or sold:

Product	Annual Sales \$	Years on Market	Intended Use / Customer
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

24. Where are products sold?

☐ U.S. only

☐ U.S. and Canada

☐ Worldwide

25. Are any products or components made outside the U.S.?

☐ Yes

☐ No

If yes, explain: _____

26. Do you have a written quality-control and product recall plan?

☐ Yes

☐ No

27. Do products carry warning labels and instructions for use?

☐ Yes

☐ No

28. Do you obtain vendors endorsements / hold-harmless agreements from suppliers?

☐ Yes

☐ No

SECTION V. PRINTING

29. Main printing type

☐ Offset

☐ Digital

☐ Screen printing

☐ Flexographic

☐ Large format

☐ Other

30. Do you use solvent-based inks or cleaning solvents?

☐ Yes

☐ No

31. Are flammable liquids stored in approved safety cabinets?

☐ Yes

☐ No

32. Do you design artwork or content for customers?

☐ Yes

☐ No

33. Do you print packaging or labels for food, drug or regulated products?

☐ Yes

☐ No

34. Value of customer property in your care at one time

\$ _____

SECTION VI. COVERAGE REQUESTED

35. General / products liability limits (occurrence / aggregate)

☐ \$1M / \$2M

☐ \$2M / \$4M

☐ \$5M excess

☐ Other

36. Building limit (if owned)

\$ _____

37. Machinery, equipment and inventory limit

\$ _____

38. Business income limit

\$ _____

39. Deductible

☐ \$0

☐ \$500

☐ \$1,000

☐ \$2,500

☐ \$5,000

SECTION VII. PRIOR INSURANCE

40. List current and prior insurance (last 3 years):

Policy Year	Insurance Company	Coverage	Limits	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

41. Current policy expiration date: _____

SECTION VIII. LOSS HISTORY

 42. Any claims, lawsuits, demands or losses in the past 5 years (insured or not)? ☐ Yes ☐ No

If yes, explain: _____

 43. Has any insurer cancelled, declined or non-renewed coverage for you in the past 3 years? ☐ Yes ☐ No

If yes, explain: _____

 44. Are you aware of any incident or circumstance that could give rise to a claim? ☐ Yes ☐ No

If yes, explain: _____

45. List all claims in the past five (5) years (attach currently valued loss runs):

Date of Loss	Type of Loss	Description	Amount Paid	Status (O/C)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Fraud Warnings:

Please refer to Acord 63 for state specific fraud warnings: This application cannot be considered complete until the signed ACORD 63 fraud warning statement has also been attached.

All Other States: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information may be guilty of a criminal offense and may be subject to fines and confinement in prison, and denial of insurance benefits.

WARRANTIES AND REPRESENTATIONS

In submitting this application, the undersigned warrants and represents that:

- a) The information in this application and all attachments is true and complete as of the date submitted;
- b) The insurer may, and is intended to, rely upon such information in determining whether to issue coverage and, if so, at what premium and upon what terms;
- c) Upon any change in circumstances which bears upon the accuracy or completeness of the undersigned's representations herein prior to binding, he/she shall notify the insurer in writing and such notice shall become a part of this application;
- d) The insurer may change the quoted premium and/or the terms of any coverage if, subsequent to the submission of this application, it becomes aware of any such circumstances, whether by notice from the undersigned or otherwise;
- e) The undersigned authorizes the insurer and its agents to obtain information regarding the applicant's prior insurance, claims history, loss runs and, where permitted by law, motor vehicle and credit reports; and
- f) The submission of this application shall not bind the insurer or its agents to the issuance of insurance coverage, nor shall it bind the undersigned to accept insurance coverage.

Applicant Name (Required)	Applicant Signature (Required)	Title (Required)	Date (Required)
Applicant Phone (Required)	Applicant Email (Required)		
Producer Name (Required)	Producer Signature (Required)	Date (Required)	
Producer Phone (Required)	Producer Email (Required)	State License # (Required)	Producer NPN (Required)
Societies Insurance Agency NPN 16247324			
Producing Agency			