

Special Printers Program Supplemental Application

General Information:

Applicant Name: _____ Website Address: _____
 Quote/Policy Number: _____ Date Quote Needed: _____
 Agency Name & Number: _____ Effective Date: _____

Total annual receipts anticipated for next 12 months for all operations (Receipts in excess of \$10,000,000 - Applicant is not eligible for the Special Printers Program) \$ _____

1. Any errors and omissions claims or losses in the last 5 years? ___ Yes ___ No
 If yes, provide details on reverse side

IF OPERATIONS INCLUDE ANY OF THE FOLLOWING, APPLICANT IS NOT ELIGIBLE FOR SPECIAL PRINTERS PROGRAM:

- 1. Publishing of newspapers (excluding "Pennysaver" types)? ___ Yes ___ No
- 2. Publishing of magazines, periodicals or books? ___ Yes ___ No
- 3. Printing of securities (bonds, currency, traveler's checks)? ___ Yes ___ No
- 4. Printing of stamps, lottery or raffle tickets, tickets of admission, coupons or licenses? ___ Yes ___ No
- 5. Printing of telephone directories? ___ Yes ___ No
- 6. Printing of financial or legal documents (Financial statements, prospectus, legal or insurance forms)? ___ Yes ___ No
- 7. Printing of safety/warning signs or labels (i.e. pharmaceutical, machinery, equipment or chemical industries)? ___ Yes ___ No
- 8. Printing of any controversial material such as political or moral issues? ___ Yes ___ No

Miscellaneous Underwriting Questions: Any "No" response should be explained on the reverse side

- 1. Building built or renovated for printing occupancy? ___ Yes ___ No
- 2. All electrical equipment properly grounded? ___ Yes ___ No
- 3. Static electricity eliminators used? ___ Yes ___ No
- 4. Covered metal containers used for rubbish and U.L. listed containers for soiled rags? ___ Yes ___ No
- 5. Paper stock stored on pallets or skids to prevent water damage? ___ Yes ___ No
- 6. Solvents and flammables stored in U.L. listed containers? ___ Yes ___ No

7. Foreign-made or hard-to-replace equipment not used? Yes No
8. If subcontractors used, are Certificates of Insurance required and obtained? Yes No
9. Any contracts with Hold-Harmless Agreement? (If yes, attach copies) Yes No
10. Does applicant require customers to proof-read material prior to final printing? Yes No
11. Are production documents kept up-to-date? Yes No
12. Any procedure for retaining documents pertaining to "Acknowledged Acceptance of Final Product" by customer? (If yes, attach copy of wording) Yes No

***Provide Loss Details:** _____

***Provide explanation of any "No" response on reverse side.**

Attach:

- Copies of contracts with Hold Harmless Agreements
- Copies of "Acknowledged Acceptance of Final Product" by customer document.

IMPORTANT NOTICE TO ALL APPLICANTS: THE APPLICANT REPRESENTS THAT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION OR BELIEF, THE STATEMENTS AND FACTS MADE IN THIS APPLICATION / SUPPLEMENTAL APPLICATION ARE TRUE AND THAT NO MATERIAL FACTS OR INFORMATION HAVE BEEN SUPPRESSED, OMITTED OR MISSTATED. FURTHERMORE, THE APPLICANT ACKNOWLEDGES A CONTINUING OBLIGATION TO NOTIFY THE PENN MILLERS INSURANCE COMPANY IN WRITING AS SOON AS PRACTICABLE, IF THERE IS A MATERIAL CHANGE IN ANY OF THE STATEMENTS OR FACTS MADE IN THIS APPLICATION / SUPPLEMENTAL APPLICATION WHICH THE APPLICANT BECOMES AWARE OF AFTER THE DATE THIS APPLICATION / SUPPLEMENTAL APPLICATION IS SIGNED. IF THE MATERIAL CHANGE OCCURS OR BECOMES KNOWN BETWEEN THE DATE THIS APPLICATION / SUPPLEMENTAL APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE INSURANCE FOR WHICH THIS APPLICATION/SUPPLEMENTAL APPLICATION HAS BEEN COMPLETED, THE PENN MILLERS INSURANCE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND INSURANCE. IT IS AGREED THAT THE STATEMENTS, FACTS AND INFORMATION CONTAINED IN THIS APPLICATION / SUPPLEMENTAL APPLICATION SHALL BE THE BASIS FOR ANY INSURANCE POLICY ISSUED OR COVERAGE PROVIDED.

THE SIGNING OF THIS APPLICATION / SUPPLEMENTAL APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE THE INSURANCE FOR WHICH THIS APPLICATION / SUPPLEMENTAL APPLICATION HAS BEEN COMPLETED, NOR DOES THE REVIEW OF THIS APPLICATION / SUPPLEMENTAL APPLICATION BIND THE INSURANCE COMPANY, TO WHICH THIS APPLICATION / SUPPLEMENTAL APPLICATION IS BEING MADE, TO ISSUE SUCH INSURANCE.

IMPORTANT NOTICE TO ALL APPLICANTS REGARDING INSURANCE INFORMATION PRACTICES: PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. SPEAK WITH YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

NOTICE TO ALL APPLICANTS (EXCEPT OHIO, PENNSYLVANIA, TENNESSEE AND VIRGINIA): ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO ALL PENNSYLVANIA APPLICANTS: 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 CIVIL PENALTIES.

NOTICE TO ALL TENNESSEE AND VIRGINIA APPLICANTS: 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.

Applicant's Printed Name

Applicant's Signature

Date

Agent's Signature

Date