



# COMMUNICATIONS LIABILITY COMMERCIAL PRINTERS SUPPLEMENTAL

PLEASE ANSWER ALL QUESTIONS  
IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. Name of Applicant:

\_\_\_\_\_

2. Number of Employees: \_\_\_\_\_

3. Average Job Size: \_\_\_\_\_

4. Types of material printed and distributed:

Annual reports / financial filings \_\_\_\_\_ %      Discount Coupons \_\_\_\_\_ %      Books \_\_\_\_\_ %

Lottery Tickets \_\_\_\_\_ %      Business & legal forms \_\_\_\_\_ %      Material on own behalf \_\_\_\_\_ %

Catalogues \_\_\_\_\_ %      Newspapers & magazines \_\_\_\_\_ %      Cheques \_\_\_\_\_ %

Pamphlets & flyers \_\_\_\_\_ %      Concert Tickets \_\_\_\_\_ %      Promotional Games \_\_\_\_\_ %

Other \_\_\_\_\_ % Please describe: \_\_\_\_\_

5. Percentage of material that is camera-ready when received from customer: \_\_\_\_\_ %

6. Describe procedures in place to ensure accuracy of matter printed and distributed:

\_\_\_\_\_

7. Does client approve and sign off on printing jobs?  Yes  No

With respect to the printing of lottery tickets, promotional games and discount coupons:

a. Describe procedures to ensure accuracy of award amounts and coupon values:

\_\_\_\_\_

b. Describe procedures to ensure accuracy of the number of award winners printed and distributed:

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8 Name of printers associations or trade groups to which the applicant belongs:

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9. TO COMPLETE THE APPLICATION, PLEASE ATTACH:

- a. a specimen printer – client contract
- b. current financial statement
- c. specimen contracts with non-employee (freelance) writers
- d. current financial statement
- e. resumes for management

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

**For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd’s Underwriters’ insurance business in Canada.**

\_\_\_\_\_  
Signature of Applicant (authorized representative)

\_\_\_\_\_  
Date

SUBMITTED BY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**For contact information visit:  
[www.markelinternational.ca](http://www.markelinternational.ca)**