

PRINTERS SUPPLEMENT

1. Name of Applicant:

2. Please state the percent of total gross revenue derived from each of the following:
 - a. Business and Legal Forms, including Stationary and Business Cards _____%
 - b. Corporate or financial related materials _____%
 - c. Books _____%
 - d. Games of Chance (ie; lottery tickets) _____%
 - e. Pamphlets & Flyers _____%
 - f. Discount/Rebate Coupons _____%
 - g. Catalogs _____%
 - h. Yellow Pages _____%
 - i. Wedding Invitations, Social Announcement Cards _____%
 - j. Binders _____%
 - k. Computer Graphics _____%
 - l. Other (please describe) _____%
 - TOTAL** **100 %**

3. If the Applicant performs services for games of chance, please attach a copy of any procedures and controls utilized and complete details of each type of game printed.

4. Does the Applicant engage in the distribution and/or redemption of coupons, rebates or other promotional game tickets? Yes No

5. Does the Applicant engage in the design of logos or trademarks for clients? Yes No
(If "yes", please advise the number of trademarks designed each year, the procedures followed and the years of experience of the employee handling trademark/logo design)

6. Does the Applicant engage in the obtaining or providing of mailing lists to clients? Yes No
(If "yes", please advise how the lists are obtained?)

7. Does the Applicant prepare bulk mailings for clients? Yes No
(If "yes", please advise how long has the applicant engaged in this service)

8. Does the Applicant require clients to approve all proof copies before printing? Yes No

NOTICE

I understand that the information submitted herein becomes a part of my professional liability application and is subject to the same warranty and conditions. Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

nature of Owner, Partner or Principal

Title

Date

Sig