

PRINTING SERVICES SUPPLEMENTAL CHECKLIST

Name Insured:

Policy Number:

The following checklist outlines our underwriting criteria for the Printing Services Program. You must check each item that applies and include the completed checklist along with your application for coverage. Any exceptions to these guidelines must be authorized by your underwriter prior to binding coverage.

GENERAL

No games of chance, negotiable or added value instruments, e.g. lottery tickets, stamps.

No telephone directories

No numbered checks or credit cards

No more than 20% of receipts derived from the following printed products: product warranty/literature, legal forms, financial reports, food/medical labels, magazines, catalogs, periodicals, technical manuals, architectural plans, trade show materials, and/or UPC product coding.

No gravure-intaglio, thermography, heat transfer or any silk screening on textiles

No publishing/editorial services where you can exercise editorial control

Media advertisement/placement for others

No broadcasting, telecasting, Web casting or internet hosting.

No Website content/software design, development or sale.

No wholesale/retail of products under own name

No more than 20% of receipts from warehousing, direct mailing, or fulfilment of products other than printed material

PRINTING OPERATION CHARACTERISTICS

No auto coverage requested (owned or no-owned) for time sensitive pick-up and delivery.

No 24 hour operations

Total Business Personal Property values less than \$3.5 million per location

Average age of sheet-fed offset presses are less than 15 years old (excluding digital offset presses) or there is an equipment maintenance program in place with an annual inspection by a qualified mechanic

More than three years experience in printing press operation.

No more than 50% flammable or oil-based cleaning solvents used for clean up

Established internal production sign-off and customer final proof sign-off procedures in place for:

All jobs

Jobs >\$2,500

Print quality test program in place for presses (e.g. GATF)

No more than 1 E&O loss in the past five years

PRESS (BY LOCATION) INFORMATION:

Press Address:

| TYPE OF PRESS | YEAR BUILT | PURCHASED NEW/USED | YEAR INSTALLED | % TOTAL PRODUCTION | #COLORS | PRESS WIDTH | PRESS MANUFACTURER | MODEL # | EQUIP. VALUE |
|---------------|------------|--------------------|----------------|--------------------|---------|-------------|--------------------|---------|--------------|
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Offset Press Web Fed = OW; Offset Press Sheet Fed = OS; Gravure Intaglio Press = GI; Screen = S; Thermography Machine= TM; Flexographic Press = F; Digital Offset Press = DO; Other Type of Press = O*

* If Press Type O, please describe

Producer Signature

Date

Producer Name Printed

Insured Signature

Date

Insured Name Printed