

PRINTERS SUPPLEMENT
Forming part of the Professional Liability Application

swgspecialty.com · quotes@swgspecialty.com · +1 888-302-9215 · Fax: 905-428-3977



Name of Applicant

Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:

Newspapers and Magazines _____
Percentage

Books _____
Percentage

Directories (Yellow Page, Trade, Specialty) _____
Percentage

Business and Legal Forms _____
Percentage

Medical Charts or Graphs _____
Percentage

Catalogs _____
Percentage

Pamphlets and Flyers _____
Percentage

Discount/Rebate Coupons _____
Percentage

Lottery Tickets _____
Percentage

Contest/Sweepstakes Tickets _____
Percentage

Corporate/Financial (Annual Reports, Prospectus, Stock Reports) _____
Percentage

Social Printing (Invitations, Announcements etc.) _____
Percentage

Bindery _____
Percentage

Other _____
Describe _____ Percentage

TOTAL should equal 100%

Does your firm's activities involve the design of logos and/or trademarks? Yes No

If Yes, please describe your legal review procedures for clearing trademarks/copyrights

Does your firm provide any services other than Printing, e.g. envelope staffing, postage handling, mailing, etc.? Yes No

If Yes, please provide full description.

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Do you require your clients to approve proof copies?

Yes No

If Yes, is the approval taken in writing?

Yes No

If No, please describe the process.

Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than 3% shareholder of said client?

Yes No

If yes please provide:

Client Name

Relationship with client

Approximate Annual revenue generated from client

Were more than 50% of your total gross billing for any one year derived from a single client or contract?

Yes No

If yes please provide:

Client Name

Relationship with client

How long do you expect this relationship to continue?

Describe your firm's five(5) largest jobs or projects during the past three (3) years.

	Clients Name	Services Provided	Total Gross Billing (CAD\$)
1			
2			
3			
4			
5			

Do you provide professional services in which you retain an ownership interest?

Yes No

If Yes, please provide full.

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Do you utilize the services of independent contractors or sub-consultants?

Yes No

Approximate percentage of billing attributable to sub-contractors/consultants?

Percentage

Are all sub-contractors and consultants required to show proof of General Liability and Professional Liability coverage's showing you as an additional insured?

Yes No

If yes, what limits?

Print Name and Title

Signature of Applicant or Authorized Representative

DATE:

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