



OneBeacon Insurance Company

c/o First Media

4350 Shawnee Mission Pkwy #350 – Fairway, KS 66205

800-753-7545/913-384-4800 Fax: 913-384-4822 www.firstmediainc.com

Media Advantage Policy® Commercial Printing Supplement

1. Name of **Applicant**: _____

2. Identify all subsidiaries, including trade names, and joint ventures to be insured _____

3. Number of Employees _____

4. Years in business under current ownership _____

5. Gross Billings: Printing \$ _____ Distribution \$ _____ Design \$ _____

6. Annual Gross Revenues (or billings): United States: \$ _____

Canada: \$ _____

International: \$ _____

7. Average Print Job: \$ _____

8. **Business Operations**

a. Please identify types of printed materials:

Advertising/Publication Inserts	_____ %	Lottery Tickets	_____ %
Architectural Blueprints	_____ %	Mailing Labels	_____ %
Books	_____ %	Newsletters/Newspapers	_____ %
Brochures	_____ %	Package Design	_____ %
Business Forms	_____ %	Pamphlets/Flyers	_____ %
Catalogs	_____ %	Periodicals/Magazines	_____ %
Checks	_____ %	Phone Books/Directories	_____ %
Coupons	_____ %	Photocopy Services	_____ %
Event Tickets	_____ %	Promotional Games	_____ %
Financial Reports/SEC Filings	_____ %	Specialty Items	_____ %
Foil Stamping/Die Cutting	_____ %	Stationery	_____ %
General Printing	_____ %	Trade Show Materials	_____ %

Other _____ % Please Describe _____

b. Does the client approve the proof and sign-off on printing jobs? Yes No

If “yes,” describe procedures _____

c. What percentage of print work is provided “camera-ready” from the client? _____ %

d. Describe quality control procedures to ensure accuracy of materials printed _____

e. If the **Applicant** prints lottery tickets, coupons or promotional games, describe the procedures followed to maintain the integrity and value of the printed work and ensure proper seeding of winning pieces

f. Is the **Applicant** responsible for seeding winning pieces? Yes No

g. Is confidential client information transmitted via e-mail? Yes No

If “yes,” is this method of transmission approved by the client? Yes No

If “yes,” describe methods to protect confidentiality _____

9. Professional Services

a. Please assign a percentage to applicable services:

Advertising	_____%	Telemarketing	_____%
Direct Mail	_____%	Website Design	_____%
Graphic Design	_____%		
Other	_____%	Please Describe	_____

b. Does the **Applicant** provide marketing lists for direct mail services? Yes No

If “yes,” how are these lists developed and categorized? _____

c. Does the **Applicant** print mailing labels for direct mail services? Yes No

d. Is client “sign-off” required prior to processing all services? Yes No

e. Does the **Applicant** develop trademarks or logos? Yes No

If “yes,” are trademark searches conducted? Yes No

f. Are limitation of liability, hold-harmless agreements utilized with clients? Yes No

If “yes,” please provide sample copy.

g. Have you ever had to reprint or re-do a job due to your error? Yes No

If “yes”, provide details including date(s) and cost(s).

10. Attachments

Please submit the following information to complete your Application:

- a Current financial statement or corporate annual report;
- a Copies of standard hold harmless agreements utilized with clients;
- a Promotional materials regarding the services or operations of **Applicant**; and
- a If a new business, resumes of principals.