

MAILING AND FULFILLMENT SERVICES ERRORS & OMISSIONS COVERAGE
SUPPLEMENTAL APPLICATION

A. GENERAL APPLICANT INFORMATION

Agency Name: _____ Agency Code: _____

Applicant: _____

Mailing Address: _____

Website Address: _____ Email Address: _____

Effective Date: _____

Coverages Desired: Cost to Correct Endorsement
 Direct Mailing Services Endorsement

Errors and Omissions Limits of Liability: \$300,000 each loss/\$600,000 Aggregate
 \$500,000 each loss/\$1,000,000 Aggregate
 \$1,000,000 each loss/\$2,000,000 Aggregate

Deductible: \$1,000 per claim
 \$2,500 per claim
 \$5,000 per claim
 \$10,000 per claim

Cost to Correct Limits of Liability \$100,000 each loss/\$100,000 Aggregate with a \$2,500 per claim Deductible
 \$300,000 each loss/\$300,000 Aggregate with a \$5,000 per claim Deductible

1. Gross sales for prior 12 months: _____ Estimated sales for next 12 months: _____

2. What percentage of your total gross receipts are derived from the following general services?

Fulfillment _____% Lettershop _____% Data Processing _____% Creative Services _____%
International Mail _____% Mailing List _____% Pre-sort _____% Supplier _____% Other _____%

Describe other services provided: _____

3. Do you fulfill orders involving any of the products listed below:

- a) Drugs, health or natural food products, vitamins or health supplements? Yes No
- b) Tobacco products? Yes No
- c) Firearms or ammunition? Yes No
- d) Prescription drugs, medicines or medical supplies? Yes No
- e) Sporting goods, exercise machinery, bows, arrows, skis, or helmets? Yes No
- f) Food or beverages products? Yes No
- g) Beauty Aid Products? Yes No



4. Do you provide any of the following services listed below:
- a) Publishing, broadcasting, telecasting or webcasting? Yes No
 - b) Advertising, marketing strategy or consultation? Yes No
 - c) Ethnic marketing services, translation or cultural analysis? Yes No
 - d) Database design, management and analysis? Yes No
 - e) ISP or Internet website content or hosting services? Yes No
 - f) Printing negotiable instruments, annual reports, bank or financial statements, collection letter late notices, invoice or bill print production, legal notification documents, payment books or other critical documents? Yes No
 - g) Tickets or items related to games of chance, lottery tickets, stamps, or prizes for promotional contests/events? Yes No
 - h) Printing of product warranties or product labels? Yes No
 - i) Printing of engineering or construction plans, designs, or maps? Yes No
- Explain any "Yes" responses:

5. Check the quality control procedures you use on the services you provide:
- i) A quality control binder is maintained
 - ii) You generate a quality control checklist for each job
 - iii) You always require client sign-off prior to distribution of printed material
 - iv) All changes in specifications, instructions, systems, packaging, or volume are required to be made in writing
6. Do you use written contracts with customers? Yes No
- If Yes, do contracts contain a hold harmless agreement that benefits the applicant? Yes No
- Please provide sample(s) contract for review.
7. Do you subcontract any part of your printing/direct mail process? Yes No
- If Yes, indicate percentage contracted: Printing _____% Direct Mailing _____%
8. What percentage of subcontracted work do you quality check? _____%
9. Do you use written contracts with subcontractors? Yes No
- If Yes, do contracts contain a hold harmless agreement? Yes No
- Please provide sample(s).
10. Do you get certificates from subcontractors verifying they carry at least \$1 million in Errors & Omissions Liability and Cost to Correct Coverage? Yes No



B. PRIOR CLAIM OR LOSS EXPERIENCE

1. Do you currently have Errors and Omissions coverage for Printers/Direct Mailers or Fulfillment Services? Yes No

2. Any Errors and Omissions policy or coverage declined, cancelled or non-renewed during the past 5 years? Yes No

If Yes, please explain: _____

3. Have you ever been sued, had to pay or been asked to pay for the improper performance of any printing or mailing related services provided by you or your subcontractors? Yes No

If Yes, please explain:

4. Have any errors and omissions claims ever been made in the past 5 years against you? Yes No

If Yes, please provide details or prior carrier loss runs

Date of Claim	Amount paid or reserved	Nature of claim
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Does any person to be insured have any knowledge or information of any act, error or omission which might reasonably give rise to a claim against him or his predecessors in business? Yes No

If Yes, please explain:

DECLARATION AND SIGNATURE

Authorized Entity Representative Designation

The person named herein is authorized and designated to give and receive any and all notices on behalf of the entity and all Insureds from the entity or their authorized representative(s) concerning this insurance.

Named Individual: _____

Title/Position: _____ Date: _____

Attestation

The authorized signer of this application represents to the best of his/her knowledge and belief that the statements and information set forth herein are true and include all material information. The authorized signer also represents that any fact, circumstance or situation indicating the probability of a claim or legal action now known to any entity official or employee has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind The Hanover Insurance Group Inc., to offer, nor the authorized signer to accept insurance, but it is agreed this application and any attachments hereto shall be the basis of the insurance and will be incorporated by reference and made part of the policy should a policy be issued.

Signature of Authorized

Entity Representative: _____ Date: _____