

Print Shop

SUPPLEMENTAL QUESTIONNAIRE

APPLICANT INFORMATION

NAMED INSURED

SOCIAL SECURITY NUMBER

DATE

POLICY NUMBER

AGENCY

SUPPLEMENTAL UNDERWRITING INFORMATION

1. Describe types of materials printed by the insured:

5. Does the insured do any of the following:

Typesetting..... YES NO

Four-color process..... YES NO

Bindery..... YES NO

If YES, fully describe:

2. Is any publishing work done? YES NO

If YES, fully describe:

6. How are solvents and other chemical waste material disposed of?

3. Is any printing work subcontracted? YES NO

If YES, are certificates obtained? YES NO

4. Is the customer required to proofread material prior to final printing? YES NO

7. Are deliveries made to customers? YES NO



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