



Print Shop Supplemental Questionnaire

APPLICANT INFORMATION

NAMED INSURED

SOCIAL SECURITY NUMBER

FEIN

WEB ADDRESS

UNDERWRITING INFORMATION

1. Describe types of materials printed by the insured:

2. Is any publishing work done? Yes No
If yes, fully describe:

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
5. Does the insured do any of the following:
Typesetting?..... Yes No
Four-color process? Yes No
Bindery? Yes No
If yes, fully describe:

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

7. Are deliveries made to customer? Yes No

N.J. Law P.L. 1995, c. 132: Any Person who includes any false or misleading information on the application for an insurance policy is subject to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

For PA Submissions:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.
not intended to be covered under this policy?

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I grant United Fire Group authorization to order a credit report on my business and/or me.

_____		_____	
Owner or Officer's Name		Agent's Name	
_____		_____	
Title		Agent's Signature	Date
_____		_____	
Owner or Officer's Signature	Date	Expiring Policy Number, If Applicable	