

CLICK HERE TO SUBMIT

CLICK HERE TO PRINT AND FAX TO 415-475-4303

GRAPHIC ARTISTS PROFESSIONAL SERVICES LIABILITY APPLICATION

This application is for a Professional liability Claims Made Insurance Policy and a General liability Losses Occurring During Policy – Please read your insurance forms carefully.

1. Business Name of Applicant: _____
2. Your Name: _____ Phone: _____
3. Street Address: _____ Email: _____
City: _____ State: _____ Zip: _____
4. Practice type: Employed Sole Proprietor Partnership Corporation LLC
Other: _____
5. How many owners/Partners including yourself? _____ Number of employees? _____
6. List total Gross Receipts derived from your Professional services:
Last Year: _____ Current Year (based on 12 months): _____ Forecast for next year: _____
7. Will the applicant undertake any work outside of the United States? Yes No
If yes, provide details: _____
8. Provide a percentage breakdown of the Applicant's Gross receipts from the following:

Logo Design for new companies and/or brands	_____ %
Logo redesign	_____ %
Corporate Identity – branding or rebranding	_____ %
Stationary Design	_____ %
Flyer Design	_____ %
Brochure Design	_____ %
Catalog Design	_____ %
Annual Report Design	_____ %
Point of Sale Design	_____ %
Signage Design	_____ %
Web Site Graphics Design	_____ %
Other: _____	_____ %
Total: (Must equal 100%)	_____ %
9. Does the Applicant require clients to approve all proof copies of your work product before printing or initiating website programming? Yes No
10. Does Applicant ever register a Trademark or Service Mark for clients? Yes No
 - a. If yes, does the Applicant conduct a comprehensive Trademark or Service mark search with the United States Patent and Trademark office? Yes No
 - b. If yes to question 10a does the applicant use the services of an attorney? Yes No
 - c. If no to either 10a or b, provide information on the procedures followed:

11. Does the Applicant provide or obtain mailing lists for clients? Yes No
12. Does any director, officer, employee, partner or independent/subcontractor of the Applicant serve as an officer or on the Board of Directors of any client or own any financial or equity interest in any client of the applicant?
Yes No
13. Does the Applicant anticipate deriving more than 75% of total gross billings for the coming year from a single client? Yes No **If yes, advise details on a separate sheet.**

14. Is the Applicant controlled, owned, affiliated or associated with any other firm, company, or corporation?

Yes No **If yes, provide name(s) and relationships:**

15. During the past 12 months, has the name of the firm been changed or has any other business been acquired, merged into or consolidated with the Applicant? Yes No

For purposes of this insurance, GRAPHIC ARTIST PROFESSIONAL SERVICES means the process of combining text and graphics in the design of logos, graphics, brochures, newsletters, posters, signs and any other type of visual communication in a printed or electronic form for others for a fee. The term GRAPHIC ARTIST PROFESSIONAL SERVICES specifically excludes activities as an Architect, Engineer, Prototype Designer, Interior Designer, Advertising Agent, Printer or Web Site Programmer.

Please check box to agree that you have read the definition above and understand there is NO coverage under the proposed policy for Loss or Defense Costs in connection with claims involving activities other than those for GRAPHIC ARTIST PROFESSIONAL SERVICES as defined? **I Agree** **I Disagree** **Initials:** _____

Does applicant currently have Professional Liability Insurance? Yes No If yes, Carrier: Limit: Deductible: Retro Date: Premium: Expiry Date:

If professional liability, length of time coverage has been continuously in force: _____

Does applicant currently have General Liability Insurance? Yes No

If yes, Carrier: _____ Premium: _____ Expiration date: _____

Has any applicant ever been refused insurance? Yes No N/A If yes, attach details

Additional Insured(s) to be included for General Liability:

Table with 3 columns: Name, Address, Relationship to Applicant. Includes three blank rows for entry.

Claims Information:

- 1. During the past 5 years has any claim been made or suit brought against the Applicant, its predecessors(s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors for either professional or general liability? Yes No **If yes, provide details on a separate supplemental page**
- 2. Is the Applicant aware of any circumstances or allegations that may lead to a claim being made against the Applicant, its predecessors(s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors for either professional or general liability? Yes No **If yes, provide details on a separate supplemental page**
- 3. Have all claims and circumstances identified in the above questions already been reported and accepted by a current or past insurer? Yes No N/A **If no, attach details.**

NOTICE TO THE APPLICANT:

I understand and agree this Application and any supplements attached hereto will be relied upon for issuance of any policy. I further understand and agree that failure to provide a true and accurate response to the questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued. Furthermore, I understand the professional liability policy applied for will apply only to CLAIMS FIRST MADE AND REPORTED to the company in writing within the period of coverage shown on the certificate of insurance issued with the policy or certificate on the date the policy is canceled or terminated, whichever comes first or as otherwise provided by the policy. I understand this insurance is being provided through a surplus lines company and the insurer may not be subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.

Applicant represents and warrants to the best of their knowledge that the particulars and statements contained in this application are true and agree that these particulars and statements are the basis of the policy that may be issued, and will constitute a part of the policy. By Submitting this Application, the Applicant agrees that in the event the application contains misrepresentations or fails to state facts materially affecting the risk assumed by the insuring company under a policy issued, the policy may be deemed null and void.

Signature: _____ Date: _____

Name: _____ Title: _____