



# 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

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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	_____

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

If "yes," how are these lists developed and categorized? \_\_\_\_\_

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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.

**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.