



Printers' Group Insurance Agency PIAG Insurance Services

5020 Highlands Parkway • Smyrna, GA 30082 • Telephone: (770) 433-3030 or (800) 288-1894 • Fax: (770) 433-3066

-BOP

Named Insured: (complete legal name)		Effective Date:
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		
Physical Address:		
Mailing Address if different:		
Contact Person:	Phone Number:	
	Fax Number:	
Type of Business:		
<input type="checkbox"/> Quick Printer <input type="checkbox"/> Offset Printer <input type="checkbox"/> Print broker <input type="checkbox"/> Web Designer <input type="checkbox"/> Supplier/Wholesale <input type="checkbox"/> Pre Press <input type="checkbox"/> Graphic Artist <input type="checkbox"/> Other _____		
Description of business operation:		
Federal ID Number:	Years in Business:	
Annual Payroll:	Annual Sales:	
Current Carrier:	Your Website address:	
Years under current Management:	Number of shifts:	
# of Full Time Employees:	# of Part Time Employees:	Hours of Operation:
Location #1 (if more than one location list on separate sheet)		
Construction Type:		Alarm:
<input type="checkbox"/> Frame <input type="checkbox"/> Masonry non Combustible <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non Combustible		Do you have an alarm system <input type="checkbox"/> Yes <input type="checkbox"/> No if yes is it monitored: <input type="checkbox"/> Central <input type="checkbox"/> Local
Year of construction:	Sprinklered : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total square footage of the entire building:	Total square foot that you occupied:	
Of the square feet that you occupy what percentage is _____ office _____ warehouse?		
Have you had any updates on building if 15 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes check any that apply and fill in year. <input type="checkbox"/> Roof <input type="checkbox"/> Wiring <input type="checkbox"/> Plumbing <input type="checkbox"/> Heating <input type="checkbox"/> Other _____		
Landlord Name:	Landlord Phone #:	

Other Occupancies in your building: <input type="checkbox"/> Yes <input type="checkbox"/> No		Who is on your right? _____ Who is on your left? _____	
Any losses? <input type="checkbox"/> Yes <input type="checkbox"/> No		Provide last 3 years of loss runs :	
If there are losses what line of coverage was it on <input type="checkbox"/> BOP <input type="checkbox"/> WC <input type="checkbox"/> AUTO			
Coverage	Limit	Deductible	Location 1, 2 or 3
Building			
Machinery & Equipment <i>(if bolted to the floor)</i>			
Business Personal Property <i>(contents-desk, paper, ink, phone, supplies etc).</i>			
Errors & Omissions			
E & O w/Correction of work			
Employee Benefits			
Hired & Non-Owned Auto			
Directors & Officers			
Employment Practices Liability-EPL			
OTHER:			
OTHER:			
General Liability Limits:	<input type="checkbox"/> \$1,000,000/\$2,000,000		<input type="checkbox"/> \$2,000,000/\$4,000,000
Umbrella limits:	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$3,000,000 <input type="checkbox"/> other _____
Select all printing services provided or describe your services: <input type="checkbox"/> Duplication <input type="checkbox"/> Off-set Printing <input type="checkbox"/> Copywriting <input type="checkbox"/> Design <input type="checkbox"/> Typesetting <input type="checkbox"/> Screen Printing <input type="checkbox"/> Composition <input type="checkbox"/> Layout If other describe:			
Do you provide any of the following services for others not in conjunction with your own printing? <input type="checkbox"/> Addressing <input type="checkbox"/> Binding/finishing <input type="checkbox"/> Die cutting/Foil Stamping <input type="checkbox"/> Fulfillment <input type="checkbox"/> Pre-Press Services			
Please check items that represent at least 10% of your total receipts. <input type="checkbox"/> advertising/publication inserts <input type="checkbox"/> annual reports <input type="checkbox"/> blueprints <input type="checkbox"/> binding/finishing <input type="checkbox"/> booklets <input type="checkbox"/> brochures <input type="checkbox"/> cards <input type="checkbox"/> catalogs <input type="checkbox"/> Display Packaging <input type="checkbox"/> Envelopes <input type="checkbox"/> Financial Reports <input type="checkbox"/> Forms <input type="checkbox"/> invitations <input type="checkbox"/> Labels <input type="checkbox"/> Magazines <input type="checkbox"/> Manuals <input type="checkbox"/> newsletters <input type="checkbox"/> Packaging <input type="checkbox"/> Press Kits <input type="checkbox"/> Specialty items <input type="checkbox"/> Trade show material <input type="checkbox"/> Tickets for Lottery or other Games of Chances <input type="checkbox"/> Tickets (other than for Lottery/Games of Chances)			
Proofing:			
Are all proof copies proofread by your company comparing proofs with originals		<input type="checkbox"/> yes	<input type="checkbox"/> no
Are all proof copies including graphics, color and arrangement signed off by the customer?		<input type="checkbox"/> yes	<input type="checkbox"/> no
Are records kept of all customer approvals and sign-offs?		<input type="checkbox"/> yes	<input type="checkbox"/> no
Subcontractors:			
Are certificates of insurance required from sub contractors?		<input type="checkbox"/> yes	<input type="checkbox"/> no
If so, who checks them? _____			
Would you be willing to obtain certificates from others that perform services (subcontractors, janitorial services, snow removal services, etc)		<input type="checkbox"/> yes	<input type="checkbox"/> no

Does the insured quality check all sub-contracted work? yes no

Indicate percentage of work subcontracted to others? _____

Equipment:

Printing Press: Model base	# of Color	year build	TYPE (sheet /web) (digital/other)	Maximum width of sheet	Drying process	Water base Solvent
1.						
2.						
3.						
4.						
5.						

Is all machinery and equipment (less than 15 years old) and well maintained? yes no

What type of safety controls are installed on manufacturing and process equipment to protect the operator?
Check any that apply.

Automatic hard guards Fixed Guards Shielding Lockout/tagout (electrical equipment)

other: _____

Do you have a maintenance and inspection routine for equipment? yes no

Is there a contingency plan for the replacement of production machinery in the event of a loss due to mechanical breakdown? yes no

Does the insured use specialized equipment, or materials in that would impact business operation if it had to be repaired or replaced? yes no

Do you rent or loan equipment to others? yes no

Describe your most expensive piece of equipment or material: _____

What is the replacement value of your most expensive piece of equipment? _____

What is the length of time it would take to repair/replace it? _____

Shop:

Are all inks used water based: yes no

Do you use flammable liquids or chemicals? yes no

If so, are they stored in an approved container/cabinet? yes no

Does the insured have a plan coordinated with their local fire department regarding the types, quantities and locations of chemicals and/or flammables on the premises? yes no

What is the total quantity of flammable or hazardous chemicals stored on the premises? _____

What is the average length of your typical run? Please check one of the boxes below.

Less than 10,000 copies Between 10,000 and \$150,000 Over \$150,000 copies

What is the average cost of a sale or contract with an individual customer? _____

What is the amount of your largest sale? _____

Do you have a formal employee training in place? yes no

Are employees required to work 15 feet above the ground to perform their jobs? yes no

Do you have a building and equipment maintenance and inspection program? yes no

What is the maximum weight of manual lifted in the following departments?
_____ Pre-Press _____ Pressroom _____ Post-press/bindery shipping

Circle how materials (raw or finished) are moved:

Warehouse

Manually
Conveyor
Hand truck
Fork lift
Other powered device

Press Room

Manually
Conveyor
Hand truck
Fork lift
Other powered device

Post Press:

Manually
Conveyo
Hand truck
Fork lift
Other powered device

Are employees required to lift from floor level?

Pre-Press yes no Pressroom yes no Post-press/bindery shipping yes no

Are employees required to wear back braces?

Pre-Press yes no Pressroom yes no Post-press/bindery shipping yes no

Number of employees in:

_____Pre-Press _____Pressroom _____Post-press/bindery shipping

Underwriting Questions:

1. Do you lease employees to or from other employers?
2. Do you have a workers compensation policy in place?
3. During the last ten years has anyone been convicted of a crime of arson?
4. Any policy or coverage declined, cancelled, or non-renewed during the prior 3 years?
5. Consecutive # of years the business has had a Business Owners policy without a lapse?
6. Any bankruptcies, tax or credit liens against the company in the past 5 years?
7. Do you own or operate any other business?
8. Do you have a confidentiality policy regarding customer's information?
9. Do customers provide paper or other materials for printing jobs?
If so how often? _____
10. Do employees use their own vehicles on company business? If so, does the company require employees to carry the states required liability limits or at least a \$300,000 limit?
11. Do you or your employees regularly use hired or rental vehicles in the course of conducting business?
12. Do you have any real or personal property in your care, custody or control other than the property indicated above? If so what is the value of this property?
13. Have you or your subcontractors ever made a printing or printing service error for which you've been sued or for which you've had to pay?
14. Are you aware of any pending Errors & Omissions claims?