

SUPPLEMENTAL APPLICATION—AGENT WORKSHEET

A. GENERAL APPLICANT INFORMATION

Applicant Name: _____ Agency Name: _____

Mailing Address: _____

Expiration Date: _____

Website Address: _____

B. PROCESSES AND PRESSES

1. Which processes does your company perform? (check all that apply)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Digital Printing | <input type="checkbox"/> Flexography | <input type="checkbox"/> Gravure | <input type="checkbox"/> Letterpress |
| <input type="checkbox"/> Lithography | <input type="checkbox"/> Pad Printing | <input type="checkbox"/> Screenprinting | <input type="checkbox"/> Waterless Offset |
| <input type="checkbox"/> Thermography | <input type="checkbox"/> Xerography | <input type="checkbox"/> Bindery | <input type="checkbox"/> Quick Printing or copy shop |
| <input type="checkbox"/> Cylinder or Platemaking
for others | <input type="checkbox"/> Pre-Press for others
under contract | <input type="checkbox"/> Post-Press for others under
contract, including bindery | <input type="checkbox"/> Printing on substrate
other than paper |
| <input type="checkbox"/> Publishing of books,
periodicals or newspapers | <input type="checkbox"/> Design or development
of websites | <input type="checkbox"/> Printing of labels for drugs,
pharmaceuticals or medical products | |

2. Describe any other processes used by your company:

3. Which is the predominant kind of ink you use?

- Water-based Soy-based Electron-beam or Ultra violet cured Solvent-based
 Other _____

4. Describe the dust collection and ventilation systems in your printing plant:

5. How do you prevent an accumulation of ink and solvent soaked rags in your facility?

- Rags are collected in a metal container Rags are collected in a non-metal container
 Container is emptied daily Container is emptied less frequently

6. Which best describes your presses:

- Most presses are web fed Most presses are sheet fed There is a 50/50 mixture of web and sheet fed presses

7. Which best describes the age of most of your presses:

- Presses were bought or
rebuilt within 15 years Presses were bought or
rebuilt within 30 years Presses are older than 30 years

8. Does the account purchase used presses?

Yes No



9. Which best describes your direct mail operations?
- None Logistical operations only including printing, finishing, sorting and mailing Data Processing operations and/or produces or certifies mailing lists
10. Which best describes your mailing fulfillment operations?
- None Mailing fulfillment is less than 20% of account's revenue Mailing fulfillment is more than 20% of account's revenue

C. WORKERS' COMPENSATION

1. Are all incidents/accidents reviewed by a management supported safety committee? Yes No
2. Does your company have a formal written safety program in place with appropriate and ongoing training? Yes No
3. What is the maximum weight lifted manually? _____ lbs. Yes No
4. Is there a fall protection program in place? Yes No
5. Are machine guards in place at all times? Yes No
6. Are lock out/tag out procedures in place for the machinery? Yes No

COMMENTS

DECLARATION AND SIGNATURE

Authorized Entity Representative Designation

The person named herein is authorized and designated to give and receive any and all notices on behalf of the entity and all Insureds from the entity or their authorized representative(s) concerning this insurance.

Named Individual: _____

Title/Position: _____ **Date:** _____

Attestation

The authorized signer of this application represents to the best of his/her knowledge and belief that the statements and information set forth herein are true and include all material information. The authorized signer also represents that any fact, circumstance or situation indicating the probability of a claim or legal action now known to any entity official or employee has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind The Hanover Insurance Group Inc., to offer, nor the authorized signer to accept insurance, but it is agreed this application and any attachments hereto shall be the basis of the insurance and will be incorporated by reference and made part of the policy should a policy be issued.

Signature of Authorized

Entity Representative: _____ **Date:** _____