

# Application

## MULTIMEDIA PROFESSIONAL LIABILITY POLICY (PRINTING)

MPLP



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IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS MADE BASIS

### GENERAL INFORMATION

1. NAME OF APPLICANT: \_\_\_\_\_
2. PLEASE CHECK ONE BOX:  PARTNERSHIP  INDIVIDUAL  PROFESSIONAL CORPORATION  PROFESSIONAL ASSOCIATION
3. APPLICANT OFFICE ADDRESS: \_\_\_\_\_
4. DATE OF INCORPORATION: \_\_\_\_\_ 5. WEB SITE ADDRESS (IF AVAILABLE) \_\_\_\_\_
6. DURING THE PAST 6 YEARS, HAS APPLICANT NAME CHANGED, HAD ANY MERGERS OR ACQUISITIONS?  YES  NO
7. DOES THE APPLICANT HAVE ANY SUBSIDIARIES OR AFFILIATES IN THE UNITED STATES &/OR CANADA?  YES  NO
8. PLEASE NAME SUBSIDIARIES OR AFFILIATES YOU DESIRE COVERAGE FOR: \_\_\_\_\_
9. PLEASE DETAIL NUMBER OF: PARTNERS/ MANAGERS/DIRECTORS & OFFICERS: \_\_\_\_\_ EMPLOYEES: \_\_\_\_\_
10. PLEASE SPECIFY WHAT PERCENTAGES OF INSURED'S RECEIPTS ARE SUBCONTRACTED BY A THIRD PARTY? \_\_\_\_\_%
11. ARE SUBCONTRACTORS REQUIRED TO HAVE THEIR OWN PROFESSIONAL LIABILITY INSURANCE?  YES  NO
12. PLEASE DETAIL APPLICANT ACTIVITIES: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

13. PLEASE INDICATE APPLICANTS TOTAL REVENUES OR GROSS INCOME:

	PREVIOUS YEAR	THIS YEAR	NEXT YEAR
CLIENTS IN PUERTO RICO			
CLIENTS IN UNITED STATES/CANADA			
CLIENTS IN REST OF THE WORLD			

14. PLEASE COMPLETE THE APPROPRIATE SECTIONS INDICATING THE REVENUES FROM THE FOLLOWING ACTIVITIES:

	PAST YEAR	CURRENT YEAR	PROJECTED FOR NEXT YEAR
(I) PRINTING			
(II) OTHERS (PLEASE SPECIFY)			
TOTAL			

15. PLEASE INDICATE PERCENTAGE INVOLVING THE FOLLOWING:

(I) BOOKS	
(II) APPLICATIONS	
(III) PRINTING SERVICES TO FINANCIAL INSTITUTIONS INCLUDING BUT NOT LIMITED TO FINANCIAL STATEMENTS	
(IV) GAMES (EX;LOTTERY)	
(V) NEWSPAPERS	

(VI) COUPONS	
(VII) CATALOGS	
(VIII) YELLOW PAGES/DIRECTORIES	
(IX) INVITATIONS	
(X) COMMERCIAL/BUSINESS FORMS	
(VI) OTHERS ( PLEASE SPECIFY)	

16. DOES THE APPLICANT PERFORM ACTIVITIES RELATED TO GAMES, PLEASE ATTACH COPY OF PROCEDURES AND EMPLOYEE CONTROLS AND SPECIFY THE TYPE OF GAMES:

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17. DOES THE APPLICANT PERFORM PRINTING ACTIVITIES RELATED TO PROPERTY TITLES OR VALUES PLEASE ATTACH COPY OF PROCEDURES AND EMPLOYEE CONTROLS AND SPECIFY THE TYPE OF GAMES:

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18. DOES APPLICANT DISTRIBUTE AND/OR REIMBURSES DISCOUNT COUPONS OR OTHER PROMOTIONAL GAME COUPONS?  
 IF YES PLEASE EXPLAIN HOW APPLICANT LIMITS THEIR RESPONSIBILITY?  YES  NO

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19. DOES APPLICANT PROVIDE DESIGN OF LOGOS OR TRADEMARKS FOR THEIR CLIENTS?  YES  NO  
 IF YES, PLEASE DETAIL THE QUANTITY AND PROCESSED USED TO VERIFY AUTHOR RIGHTS AND TRADEMARKS:

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20. DOES APPLICANT PROVIDE CLIENTS WITH MAILING LISTINGS?  YES  NO

21. DOES APPLICANT PERFORM MASS MAILING LISTINGS?  YES  NO

22. DOES APPLICANT REQUEST THE APPROVAL AND SIGN-OFF OF THEIR CLIENTS OF THE TEST COPIES BEFORE PRINTING?

YES  NO

23. PLEASE PROVIDE PREVIOUS INSURANCE INFORMATION:

CARRIER	LIMITS	DEDUCTIBLES	EFFECTIVE DATES (MO./DAY/YEAR) FROM TO:	PREMIUM

24. LIMITS OF LIABILITY & DEDUCTIBLES REQUESTED:

LIMITS OF LIABILITY	DEDUCTIBLES

**INTERNAL CONTROLS**

- 25. A. HAS THE APPLICANT SUFFERED ANY LOSS DUE TO A DISHONEST OR FRAUDULENT ACT BY AN A PARTNER, DIRECTOR, OFFICER OR EMPLOYEE?  
[ ] YES [ ] NO
- B. IS ANY APPLICANT AWARE OF ANY CIRCUMSTANCE THAT COULD GENERATE A LOSS DUE TO A DISHONEST OR FRAUDULENT ACT COMMITTED BY A PARTNER, DIRECTOR OR EMPLOYEE?  
[ ] YES [ ] NO
- C. WHEN THE APPLICANT HIRES NEW EMPLOYEES, DOES HE REQUIRE REFERENCES FOR ALL EMPLOYEES?  
[ ] YES [ ] NO
- D. DOES ANY EMPLOYEE HAVE AUTHORIZATION TO SIGN CHECKS, MAKE PAYMENTS, OR TRANSFER FUNDS WITHOUT A SECOND SIGNATURE? IF YES PLEASE DETAIL NAME, POSITION AND TIME WITH APPLICANT  
[ ] YES [ ] NO

**CLAIMS & CIRCUMSTANCES**

- 26. HAS ANY INSURER DECLINED, CANCELLED, OR REFUSED TO RENEW ANY SIMILAR INSURANCE ISSUED TO THE APPLICANT FIRM?  
[ ] YES [ ] NO
- 27. HAS ANY ACTUAL OR THREATENED CLAIM OR SUIT BEEN MADE AGAINST THE APPLICANT, OR ANY PREDECESSOR, SUBSIDIARY OR AFFILIATE THEREOF IN THE LAST FIVE YEARS FOR LIBEL, SLANDER OR OTHER FORMS OF DEFAMATION, INVASION OR INFRINGEMENT OF THE RIGHT OF PRIVACY OR PUBLICITY; INFRINGEMENT OF COPYRIGHT, TITLE OR SLOGAN, PLAGIARISM, PRIVACY OR MISAPPROPRIATION OF IDEAS UNDER IMPLIED CONTRACT OR ANY OTHER ACT, ERROR OR OMISSION ARISING OUT OF MATTER DISSEMINATED OR EXHIBITED IN ADVERTISING OF ANY KIND?  
[ ] YES [ ] NO
- 28. DOES THE APPLICANT KNOW OF ANY FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM FOR WHICH COVERAGE WOULD BE AFFORDED BY THE PROPOSED INSURANCE?  
[ ] YES [ ] NO

IF QUESTIONS 22-24 HAVE BEEN ANSWERED AFFIRMATIVE, YOU MUST DETAIL IN ORDER TO OBTAIN A QUOTE LETTER. NOT ANSWERING CORRECTLY CAN AFFECT YOUR RIGHT IN CASE OF CLAIM.

**NOTICE TO APPLICANT - PLEASE READ CAREFULLY**

I/WE HEREBY DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND THAT I/WE HAVE NOT SUPPRESSED OR MISSTATED ANY MATERIAL FACTS AND I/WE AGREE THAT THIS APPLICATION SHALL BE THE BASIS ON WHICH THE POLICY IS ISSUED, AND IN THE EVENT THE COMPANY ISSUES A POLICY, THE UNDERSIGNED PROPRIETOR OR PARTNER ACTING ON BEHALF OF THE APPLICANT AND ALL PERSONS PROPOSED FOR INSURANCE, ACKNOWLEDGES THAT THE COMPANY IN PROVIDING COVERAGE WILL HAVE RELIED UPON, AS REPRESENTATIONS, THE DECLARATIONS WHICH ARE CONTAINED IN OR ATTACHED TO OR INCORPORATED BY REFERENCE INTO THIS APPLICATION AND WHICH ARE INCORPORATED INTO THE POLICY.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE NOR THE APPLICANT TO PURCHASE THE INSURANCE.

NOTE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

THIS APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER, OR OFFICER AS DULY AUTHORIZED ON BEHALF OF THE APPLICANT.

SIGNATURE OF OWNER, PARTNER, OR OFFICER : \_\_\_\_\_

TITLE : \_\_\_\_\_ DATE : \_\_\_\_\_

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