

## SUPPLEMENTAL APPLICATION – GRAPHIC DESIGNER

1. Name of applicant or insured: \_\_\_\_\_
2. Please indicate the percentage of the applicant's total operations from the following services, total must equal 100%:

SERVICE	PERCENTAGE OF OPERATIONS
Architectural drawing, house plans, landscape design	%
Book, magazine, newspaper or other publication	%
Coupons	%
Films or commercials	%
Medical charts or graphs	%
Package design	%
Promotions	%
Prototypes	%
Sweepstakes	%
Webpage design	%
Mobile applications	%
Digital advertising	%
Other (please describe): _____	%

3. Does the applicant's activities involve the design of logos or trademarks?  Yes  No
4. Does the applicant require the client to sign off or approve in writing each phase of the design and development process?  Yes  No
5. Does the applicant obtain releases for all content provided by third parties (if applicable)?  Yes  No
6. Does the applicant have a formal written intellectual property clearance procedure, including copyright and trademark searches?  Yes  No
7. Which of the following does the applicant implement:
  - a. Customer sign off on deliverables?  Yes  No
  - b. Contracts with indemnification clauses?  Yes  No
  - c. Formal change management procedures?  Yes  No
  - d. Legal review of contracts?  Yes  No
8. Does the applicant have a process in place to screen materials for any potential violations of another party's copyrights, trademarks or other intellectual property rights?  Yes  No
9. Does the applicant have a process in place to screen materials for potential libel, slander or advertising injury?  Yes  No



Coverys Specialty Insurance Company

SIGNATURE IN FULL: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTNAME: \_\_\_\_\_

**ALL QUESTIONS MUST BE ANSWERED AND THE APPLICATION MUST BE SIGNED AND DATED**

Agency Name and Address: \_\_\_\_\_

Person Submitting Application: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_