



OLD REPUBLIC INSURANCE COMPANY

OLD REPUBLIC INSURANCE COMPANY MISCELLANEOUS PROFESSIONAL LIABILITY

This Supplement should be submitted to:

Chicago Underwriting Group, Inc.
191 N. Wacker Drive
Chicago, IL 60606
(312) 750-8800

ADVERTISING AGENCY/PUBLIC RELATIONS/MEDIA CONSULTING SUPPLEMENT

1. Name of Applicant:

2. Indicate the percentage of the Applicant's total operations attributable to the following operations:

Employee/member relations	___%	Minority Relations/multicultural affairs	___%
Financial relations (shareholders/investors)	___%	Political relations	___%
Fund raising	___%	Public Affairs	___%
Governmental affairs	___%	Publicity	___%
Industry relations	___%	Research	___%
Issues management	___%	Special event organization	___%
Marketing communication	___%	Other (describe)	___%
Media relations	___%	Total must equal	<u>100%</u>

3. Indicate the gross annual billings for the trailing twelve months in the following media:

Radio	___%	Newspaper	___%	Outdoor	___%
Telemarketing	___%	Banner Ads	___%	Internet/Website	___%
Direct mail	___%	Email	___%	Other (specify)	___%
TV/Cable	___%	Magazines	___%	Total must equal	<u>100%</u>

Please list major clients:

4. Indicate the percentage of total operations attributable to:

Broadcasting	___%
Mail order/catalog sales	___%
Package design/logos/trademarks/other corporate identities	___%
Photo service	___%
Production of films, radio, television programs	___%
Public relations consultant (complete Public Relations Consultant Supplement)	___%
Publishing	___%
Other (specify): _____	___%

If involved in package design/logos/trademarks/other corporate identities, above, indicate:

Number of trademarks developed per year: _____

Describe legal review procedures for trademarks/copyrights:

5. Has the Applicant lost a major client (one that comprised 25% or more of annual billings) in the past 12 months?
If Yes, provide details. Yes No

6. Does the Applicant currently represent, or has the Applicant at any point in the past represented competing clients or competing brands? Yes No
If yes, provide details, including policies and practices for representing competing firms.

7. Within the past two years, has the Applicant had any contingency fee or contingency commission type arrangements? If Yes, provide details. Yes No

8. Does the Applicant obtain written releases with respect to creative material or talent from:
Employees Yes No Models Yes No
Freelance photographers, writers Yes No Non-commercial persons in Yes No
composers, artists or musicians commercials or advertisement

9. Does the Applicant obtain licensing agreements prior to using content provided by others? Yes No

10. Do any of the Applicant's clients manufacture or produce tobacco, firearms, alcoholic beverages or pharmaceuticals? Yes No

11. Do the Applicant's activities include set up and/or management of promotional games, contests, lotteries, sweepstakes or other games of chance? Yes No
If Yes, provide details including specific contracts and percentages of total operations.

12. Does the Applicant produce political advertising? Yes No

13. Does the Applicant produce "infomercials"? Yes No

14. Does the Applicant employ or otherwise engage an attorney to screen material to be used in advertising products for: libel/slander privacy infringement trademark infringement copyright infringement

15. Describe the precautions taken by the Applicant to confirm that the client's products or services are not false or misleading:

16. Describe the precautions taken by the Applicant to confirm that the client's advertisements do not contain any illegal or disparaging remarks about one of their competitor's products or services:

17. Describe the precautions taken by the Applicant to prevent from infringing upon the intellectual property rights of others:

It is understood and agreed that this supplemental application shall become part of the Application for the policy.

THIS APPLICATION MUST BE SIGNED BY AN OWNER, OFFICER OR PARTNER.

Signature: _____

Date: _____

Name and Title (Please Print): _____