



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

APPRAISERS SUPPLEMENT

SECTION I: GENERAL INFORMATION

1. Name of Applicant:

2. Indicate the number of appraisals performed annually: _____

Indicate the percentage of appraisals performed for the following types of clients:

Antique dealers	___%	Financial institutions	___%	Jewelers	___%
Art dealers	___%	Government agencies	___%	Manufacturers	___%
Auto dealers	___%	Individuals	___%	Real estate firms	___%
Business firms	___%	Insurance companies	___%	Other (describe)	___%
					Total must equal <u>100%</u>

3. Within the past five years, has the Applicant or any director, officer, partner, principal or employee of the Applicant, or any spouse or family member of the aforementioned individuals, or any parent company, subsidiary, affiliated or associated business enterprise of the Applicant held any equity interest in any item appraised?

If Yes, provide full details.

[] Yes [] No

4. Within the past five years, has the Applicant accepted any contingency or other type of appraisal fee that was tied to, or based upon the appraised value of any item appraised? If Yes, provide details.

[] Yes [] No

5. Does the Applicant require that all completed appraisal reports are signed and dated by a member of the Applicant and by any collaborating appraisers?

[] Yes [] No

6. Does the Applicant purchase items they appraise for resale?

[] Yes [] No

If Yes, is a written recommendation rendered for the owner to get an independent appraisal?

[] Yes [] No

7. Does the Applicant perform inventory liquidations?

[] Yes [] No

SECTION II: PERSONAL PROPERTY (NON REAL ESTATE) APPRAISALS

– If None, check here [] and skip this section.

8. Indicate the average value of properties appraised: \$ _____

9. Indicate the values of the three largest properties appraised during the past 36 months:
 \$ _____ \$ _____ \$ _____

Indicate the percentages of appraisals performed on the following types of assets:

Personal property	_____%
Business/construction equipment	_____%
Antiques	_____%
Artwork/paintings	_____%
Jewelry	_____%
Intangibles	_____%
Other (describe)	_____%
Total must equal	<u>100%</u>

SECTION III: REAL ESTATE APPRAISALS – If None, check here [] and skip this section.

10. Indicate the average value of properties appraised: \$ _____

11. Indicate the values of the three largest properties appraised during the past 36 months:
 \$ _____ \$ _____ \$ _____

12. Indicate the percentages of appraisals performed on the following types of assets:

Residential real estate	_____%
Commercial or industrial real estate	_____%
Other (describe)	_____%
Total must equal	<u>100%</u>

SECTION IV: BUSINESS APPRAISALS – If None, check here [] and skip this section

13. Indicate the types and sized of businesses appraised during the past 24 months:

<u>Type of Business</u>	<u><\$1M</u>	<u>\$1-5M</u>	<u>\$5-10M</u>	<u>\$10-25M</u>	<u>> \$25M</u>
Computer	_____%	_____%	_____%	_____%	_____%
Construction	_____%	_____%	_____%	_____%	_____%
Distribution	_____%	_____%	_____%	_____%	_____%
Healthcare	_____%	_____%	_____%	_____%	_____%
Industry	_____%	_____%	_____%	_____%	_____%
Manufacturing	_____%	_____%	_____%	_____%	_____%
Other Professional	_____%	_____%	_____%	_____%	_____%
Restaurant	_____%	_____%	_____%	_____%	_____%
Retail	_____%	_____%	_____%	_____%	_____%
Other (specify)	_____%	_____%	_____%	_____%	_____%

Total must equal 100%

14. Indicate the percentage of appraisals performed during the past 24 months for the following forms of business:

Closely held corporations	_____%	Partnerships	_____%
Family limited partnerships	_____%	Publicly held corporations	_____%
Limited partnerships	_____%	Trusts	_____%
Limited liability companies	_____%	Other	_____%
Total must equal			<u>100</u> %

15. Indicate the percentage of appraisals performed during the past 24 months by purpose:

Sale of entire business	_____%	Sale of partial ownership to new investor	_____%
Purchase of entire business	_____%	Partial owner desiring to be bought out	_____%
Death of owner of business	_____%	Divorce of owner of business	_____%
Establishment of ESOP	_____%	Gifting of partial owner's interest	_____%
Other (describe)	_____%	Total must equal	<u>100</u> %

16. Does the Applicant use Business Evaluation, Technical Evaluation or Appraisal Administration reports?

Yes No

17. Does the Applicant ever perform appraisal for any business or entity:

In which the Applicant has direct or indirect financial interest? Yes No

In which the Applicant is a director, owner, partner, officer, trustee, managing member, manager, employee or over which the Applicant exercises any management control?

Yes No

In which the Applicant is a debtor or creditor?

Yes No

For which the Applicant performs any other services?

Yes No

With respect to which there is a conflict of interest?

Yes No

18. Is any partner, owner, officer, director or employee of the Applicant an accountant, investment advisor or financial planner, lawyer, registered representative, broker/dealer, architect or engineer, a provider of any form of healthcare services or responsible for supervision or management of others who are providers of healthcare services? Yes No

If Yes, attach a certificate of insurance conforming professional liability insurance is in effect to cover the Applicant for claims arising from such services. NOTE: The coverage applied for does not respond to claims arising from the performance of such services.

(End of **SECTION IV**)

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): _____