



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

ARBITRATORS/MEDIATORS SUPPLEMENT

1. Name of Applicant:

2. Indicate the number of arbitrations/mediations performed in the last three years:

Year 1 (most recent) _____

Year 2 _____

Year 3 _____

3. Average arbitration/mediation award during last three years: \$_____

4. Largest arbitration/mediation award during last three years: \$_____

5. Are the arbitrators/mediators held harmless for their actions by the parties involved in the arbitration/mediation? Yes No

Please attach a copy of the rules of arbitration/mediation that are adhered to by the arbitrators/mediators.

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): _____