



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

AUCTIONEERS SUPPLEMENT

1. Name of Applicant:

2. Indicate the percentage of auctions performed in the following categories:

General merchandise	___%	Fine arts/jewelry	___%	Aircraft	___%
Dwellings	___%	Machinery/equipment	___%	Federal	___%
Farms	___%	School	___%	State	___%
Livestock	___%	Lending institution	___%	Specialized	___%
Commercial buildings	___%	Automobile	___%	Other (describe)	___%
Liquidations	___%	Bankruptcy	___%	Total must equal 100%	

If the Applicant's services are "specialized," describe all such auctions including types of merchandise sold:

3. Does the Applicant always put properties to be auctioned on display for inspection prior to auction? Yes No

4. Does the Applicant provide any written guarantee relating to authenticity or condition of properties auctioned? Yes No

5. Does the Applicant conduct business via the internet other than email bids? Yes No
If yes, indicate what outside service is used.

6. Does the Applicant ever allow decoys in the audience to influence or stimulate bidding? Yes No

7. Does the Applicant auction property owned by the Applicant or by any principal or any other entity in which the Applicant or principal has controlling or financial interest? Yes No

8. Does the Applicant provide any services other than those as an auctioneer? Yes No
If Yes, provide full details.

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): _____