



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

BUILDING INSPECTOR SUPPLEMENT

1. Name of Applicant:

2. How many inspections does the Applicant perform annually? _____

3. Does the Applicant provide any of the following services? If Yes, indicate the percentage of total revenues:

- | | | |
|--|---------|----------|
| Commercial Building Code Inspection | [] Yes | [] ___% |
| Commercial Building Inspection | [] Yes | [] ___% |
| Industrial Inspection | [] Yes | [] ___% |
| Pest Inspection, including termites or any other wood destroying organisms | [] Yes | [] ___% |
| Residential Building Code Inspection | [] Yes | [] ___% |
| Residential Home Inspection | [] Yes | [] ___% |
| Other (specify) | [] Yes | [] ___% |

Total must equal 100%

4. Indicate the percentage of the Applicant's clients in the following categories:

- | | |
|------------------|------|
| Home Purchasers | ___% |
| Mortgage Lenders | ___% |
| Municipalities | ___% |
| Other (specify) | ___% |

Total must equal 100%

5. Does the Applicant use an in-house office policy/procedures manual? [] Yes [] No

6. Does the Applicant or any person for whom insurance is being requested have any ownership interest in any property being inspected? If Yes, provide full details. [] Yes [] No

7. Is the Applicant engaged in, owned by or controlled by any other business? [] Yes [] No

If Yes, provide full details.

8. Please attach:

- a) A resume for each inspector.
- b) A sample inspection report.

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): _____