



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**

CLAIM SUPPLEMENT

1. Name of Applicant:

2. Indicate full names of all entities and individuals involved in the matter:

3. Indicate any Additional Defendants:

4. Indicate full name(s) of Claimant(s) or Potential Claimant(s):

5. Indicate the insurance company to which this matter was reported:

6. Indicate whether: Claim/Suit, or Incident

7. Date of alleged error: _____

8. Date reported: _____

9. Date you first received notice: _____

10. Current status of claim: in suit open closed

11. If closed: Total paid including deductible: \$_____ Damages
\$_____ Claims Expenses

Indicate whether: court judgment out of court settlement

12. If pending: Amount asked in summons: \$ _____
Claimant's Demand Amount: \$ _____
Defendant's offer for settlement: \$ _____
Insurer's loss reserve:* \$ _____
Deductible: \$ _____

*Unknown is unacceptable. Please contact insurer or defense counsel for a good faith estimate.

13. Description of claim/incident (including likelihood of settlement if pending):

14. Alleged act, error or omission upon which the claimant bases the claim:

15. Description of case and events:

16. Description of type and extent of injury or damage allegedly sustained:

17. Describe what changes have been made to the Applicant's policies or procedures as a result of the claim/incident which would reduce the possibility of a similar occurrence in the future:

Note: The policy being applied for will not provide coverage for any claim that has been made, or may arise, out of the matter(s) described in this supplement.

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): _____