



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

COLLECTION AGENCY/CREDIT BUREAU SUPPLEMENT

1. Name of Applicant:

2. Does the Applicant collect funds for others for a fee? Yes No
If Yes, indicate the type of debt, average size of debt collected, and largest debt collected in the past 12 months.

3. Does the Applicant's state require that collection agencies be licensed or certified? Yes No
If Yes, attach a copy of the Applicant's license or certificate.

4. Describe the Applicant's procedures to assure compliance with the Fair Debt Collection Practices Act and/or the Fair Credit Reporting Act:

5. Are employees educated on all aspects of the above mentioned laws? Yes No

6. Do employees investigate reports challenged by consumers and stay with the problem until it is resolved? Yes No

7. Describe the Applicant's system for obtaining and disseminating credit or collections information:

8. Indicate the percentage of gross revenues attributable to:

___% Consumer/retail collections

___% Commercial collections/business debts/other non-consumer debt

9. Indicate the dollar amount of the largest commercial debt collected in the past 36 months:

\$_____

10. Provide the percentage of the procedures used to collect funds:

___% Collection efforts by mail

___% Collection efforts by telephone

___% In-person visits to debtor's residence or place of business

___% Institution of legal proceedings

___% Other (specify)

11. Are any debts purchased from outside companies? Yes No
Are collection services performed on those owned debts? Yes No
Is coverage being requested for these services? Yes No

12. Is the Applicant bonded? Yes No

If Yes, provide the following:

Fidelity bond: Carrier: _____ Expiration date: _____ Amount: _____

Surety bond: Carrier: _____ Expiration date: _____ Amount: _____

13. Does the Applicant have attorneys on staff? Yes No

If Yes, how many? _____

14. Attach a sample collection letter, demand form and collection telephone script.

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): _____