



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

CONSULTANTS SUPPLEMENT

1. Name of Applicant:

2. Does the Applicant adhere to a published professional code of ethics? Yes No
3. Does the Applicant currently, or has the Applicant at any point in the past five years:
- Consulted on mergers, acquisitions, capitalizations, divestitures or liquidations? Yes No
 - Consulted on means or methods of financing or obtaining funds? Yes No
 - Been involved in the management, purchase, sale or maintenance, syndication or development of any real or personal property, or in any activity in any way related to investments or investing? Yes No
 - Consulted on, supervised or managed any escrow accounts, trust funds, insurance plans, or investments, pension or retirement portfolios? Yes No
 - Been involved with the design, construction, demolition or testing of any structure? Yes No
 - Provided psychological counseling services or alcohol, drug, or other substance abuse counseling, therapy or rehabilitation of any kind? Yes No
 - Sold, distributed, designed, manufactured, recommended or tested any product(s)? Yes No
 - Prepared, reviewed or approved architectural, engineering or construction maps, plans, opinions, estimates, surveys, designs or specifications? Yes No
 - Managed the operations of any business on behalf of any client, or assisted in negotiating or had authority to enter into contractual relationships on behalf of any client? Yes No
 - Performed any design or consulting services in relation to any lotteries, sweepstakes or any game of chance? Yes No
 - Performed any environmental consulting work, or has any part of the practice involved environmental issues? Yes No
 - Been dismissed from an assignment prior to completion? Yes No
 - Performed, any services for any consortium of companies or consortium of clients? Yes No

If Yes to any of the above questions, 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): _____