



# 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

### CUSTOM HOUSE BROKERS/FREIGHT FORWARDERS SUPPLEMENT

1. Name of Applicant:

\_\_\_\_\_

2. Describe the principal types of commodities handled:

\_\_\_\_\_  
\_\_\_\_\_

3. Number of shipments processed annually: \_\_\_\_\_

4. Average value of shipments processed annually: \$\_\_\_\_\_

5. How many individuals verify the accuracy of bills of lading? \_\_\_\_\_

6. What safeguards are used to verify the accuracy of bills of lading? \_\_\_\_\_  
\_\_\_\_\_

7. Indicate the percentage of services involved with shipments sent or originating:

Domestically \_\_\_%

Internationally \_\_\_%

8. If involved in international shipments, indicate in which countries:

\_\_\_\_\_  
\_\_\_\_\_

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): \_\_\_\_\_