



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

ELECTRONIC DATA PROCESSING SUPPLEMENT

1. Name of Applicant:

2. Please indicate percentage of total operations attributable to:

Computer security	___%	Sale of hardware for others	___%
Customer software development	___%	Sale of software	___%
E-Commerce	___%	System analysis/design	___%
EDP consulting	___%	Time sharing	___%
Electronic data processing	___%	Website design	___%
Packaged software development	___%	Website hosting	___%
Other (describe)	___%	Total must equal	<u>100%</u>

3. List major software applications (i.e. inventory control, payroll, fund transfer, engineering, educational, etc.)

4. Is the Applicant an Internet Service Provider and/or does it provide any internet access, online publishing, and/or services as a web portal, web host, web search engine, email service, chat room, online database or bulletin board? Yes No

If Yes, indicate percentage of receipts: _____% , and attach full details.

Is there any adult content? If Yes, provide full details. Yes No

5. Does the Applicant provide any consulting services which enable or affect any of the following:

CAD/CAM design or control, robotics or process control of industrial equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mechanical, electrical, chemical, civil or architectural design or engineering?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fund transfers for financial institutions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aircraft, air-ground equipment, military defense and/or weaponry of any kind?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Medical, dental or healthcare diagnosis , monitoring or treatment? [] Yes [] No
911 or other emergency response and/or dispatch? [] Yes [] No
Energy, power plant, utility or pollution monitoring, supply or distribution? [] Yes [] No
Computer security services intended to protect financial assets or privileged
government information not intended for public use/consumption? [] Yes [] No
Securities trading platforms? [] Yes [] No

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): _____