



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

ESTATE EXECUTOR SUPPLEMENT

1. Name of Applicant:

2. What type of estate is being administered?

3. Indicate the total value of the estate assets: \$ _____

4. Is there any co-mingling of the estate funds with any other funds? Yes No

5. Is the estate executor/administrator a beneficiary? Yes No

6. Does the executor/administrator have discretionary authority in the investment of the estate's funds?

If Yes, provide full details. Yes No

7. Is an independent Investment Counselor/Advisor used? Yes No

8. Is an independent Certified Public Accountant used to prepare and file the estate's financial statements and tax forms? 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): _____