



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

INCREASED LIMITS SUPPLEMENT

1. Name of Applicant: _____

2. Policy number: _____

3. After reasonable inquiry, the undersigned authorized agent of the Insured warrants that there are no claims or losses or any facts, circumstances, situations, incidents, conditions, defects or suspected defects which might afford grounds for any claim and for which coverage may be afforded by the policy referenced above and any proposed endorsements, other than that which has already been disclosed or reported to the Company or its underwriting manager and the following:

If None, check here []

Note: The policy being applied for will not provide coverage for any claim that may arise out of any of the matters listed above.

4. Reason for increasing limits (check all that apply):

[] Recommendation of business advisor

[] New contract with client requiring higher limits (attach a copy of the contract)

[] Other (explain) _____

5. Provide currently estimated annual gross revenues for the next 12 months: \$_____

6. Describe any change in professional services being performed from what currently appears in the policy:

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): _____