



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

MARKETING RESEARCH SUPPLEMENT

1. Name of Applicant: _____

2. Indicate the percentage of the Applicant's billings for the past twelve months that are derived from the following client industries:

Construction	___%	Hospitality	___%	Privately Held Companies	___%
Entertainment	___%	Individuals	___%	Publicly Held Companies	___%
Financial Institutions	___%	Insurance	___%	Real Estate	___%
Governmental	___%	Manufacturing	___%	Tourism	___%
Healthcare	___%	Non-Profit Organizations	___%	Other (describe)	___%

Total must equal: 100%

3. What types of marketing research does the Applicant perform (in-person, by telephone, by mail, etc.)?

4. Who designs surveys? _____

a) How are survey questions verified before the survey is taken?

b) How does the Applicant verify the survey work of any employee/interviewer?

c) Where are in-person interviews conducted?

5. Describe the Applicant's practices or policies concerning the representation of competing firms:

6. Does the Applicant confer with the client continuously on each step in the process to ensure research accuracy and client satisfaction? Yes No

7. Does the Applicant offer computer software packages (e.g. analyzing how a product is selling)? Yes No

8. Describe the precautions taken to confirm that all materials prepared for clients are accurate, factual and not misleading:

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): _____