



# 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

### PRINTERS SUPPLEMENT

1. Name of Applicant: \_\_\_\_\_

2. Indicate the percentage of operations (based on revenues):

Books	___%	Yellow page directories	___%
Business and legal forms	___%	Catalogs	___%
Newspapers and magazines	___%	Corporate/financial (annual reports,	
Pamphlets and flyers	___%	prospectuses, stock reports)	___%
Discount/rebate coupons	___%	Social printing (wedding invitations,	
Lottery tickets/games of chance	___%	calling cards, announcements)	___%
Bindery	___%	Other (specify)	___%

**Total must equal 100%**

3. If the Applicant performs services for games of chance, attach a copy of procedures and controls utilized and complete details of each type of game printed.

4. Do activities include distribution and/or redemption of coupons, rebates, or other promotional game/lottery tickets? If Yes, provide details including specific contracts.  Yes  No

5. Does the Applicant engage in the design of logos or trademarks for clients?  Yes  No  
If Yes, indicate the number of trademarks developed per year: \_\_\_\_\_, the years of experience of the employee handling trademark/logo design \_\_\_\_\_, and describe the legal review procedures for trademark/copyrights:

6. Does the Applicant engage in the obtaining or providing of mailing lists to clients?  Yes  No

7. Does the Applicant prepare bulk mailings for clients?  Yes  No

8. Does the Applicant require clients to approve proof copies before printing?  Yes  No  
If Yes, is approval given in writing?  Yes  No

**THIS APPLICATION MUST BE SIGNED BY AN OWNER, OFFICER OR PARTNER.**

It is understood and agreed that this supplemental application shall become part of the Application for the policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title (Please Print): \_\_\_\_\_