



# 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

### PROPERTY MANAGER SUPPLEMENT

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

2. Please provide a breakdown of all properties managed during the past fiscal year:

	Number of Units	Average Value of Property	% Owned by Applicant*
Residential Single Family Homes	_____	\$_____	_____%
Apartments	_____	\$_____	_____%
Condominiums and/or Cooperatives	_____	\$_____	_____%
Shopping Centers	_____	\$_____	_____%
Office Buildings	_____	\$_____	_____%
Commercial or Industrial	_____	\$_____	_____%
Other (please Explain):	_____	\$_____	_____%

\*Directly or indirectly, including ownership interests possessed by any principal, owner, director, officer, partner or employee of the Applicant.

4. Is the Applicant certified as a property manager?  Yes  No

5. Is a budget prepared for each property managed?  Yes  No

6. Is a credit report obtained on each prospective tenant?  Yes  No

7. Is a reference check performed on each prospective tenant?  Yes  No

8. Is the Applicant responsible for performing repairs to any of the properties managed?  Yes  No

If yes:

What is the budgeted amount of work to be done to all properties? \$\_\_\_\_\_

What percentage of this work is subcontracted? \_\_\_\_%

Does the Applicant require independent/sub contractors to maintain E&O?  Yes  No

9. Is the Applicant involved in leasing activity? [ ] Yes [ ] No  
If yes, who performs the Applicant's legal work?

\_\_\_\_\_

10. During the last five years, has the Applicant engaged in any services on any property in which the Applicant or any director, officer, partner, principal or employee of the Applicant, or any spouse or family member of the aforementioned individuals, or any parent company, subsidiary, affiliated or associated business enterprise of the Applicant had direct or indirect beneficial ownership interest? [ ] Yes [ ] No

If Yes, please attach a separate sheet with full details including the name and address of the property, nature of services provided, fees or compensation derived, and percent ownership interest by all related owners combined.

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): \_\_\_\_\_