



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

PUBLISHERS SUPPLEMENT

1. Name of Applicant: _____

2. List all publications Name:	Location:	Frequency of Circulation:	Average Circulation:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Circulation area: National Regional Metro Suburban Community

4. Gross annual sales derived from publishing activities: \$_____

5. List all media subsidiaries, affiliates, trade names, and memberships in industry groups or associations:

6. Is coverage requested for commercial printing operations? Yes No
If yes, list each printing plant and gross income:

7. Is a law firm consulted in respect to media law? Yes No

8. Are editors familiar with current libel law? Yes No

9. Are letters-to-the-editors edited? Yes No

10. Are written hold harmless indemnity agreements executed with advertisers and ad agencies? Yes No

11. Does the applicant engage in "investigative reporting" or "exposes"? Yes No
If yes, describe methods for documenting sources or information:

12. Have any persons for whom coverage is being sought ever been the subject of reprimand or criminal actions by authorities as a result of their professional activities? Yes No
If Yes, explain.

13. Have any professional liability claims ever been made against the applicant or any proposed insured?
If Yes, complete a claim supplement for each claim. Yes No

14. Does any person proposed to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him/her or his/her predecessors in business?
If Yes, complete a claim supplement for each claim. Yes No

Note: The policy being applied for will not provide coverage for any claim that has been made, or may arise, out of the matter(s) described in answer to Questions 13. and 14., above.

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): _____