



# 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

### REAL ESTATE BROKER SUPPLEMENT

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

2. List all states in which the Applicant operates:

\_\_\_\_\_  
\_\_\_\_\_

3. If the Applicant has more than one office location, please identify each office location and the number of employees at each:

\_\_\_\_\_  
\_\_\_\_\_

4. Is there any pending or planned change in the name of the Applicant or any pending or planned merger or acquisition? If yes, attach details. [ ] Yes [ ] No

\_\_\_\_\_  
\_\_\_\_\_

5. Complete the following for each principal, partner, director or officer:

Name	Title	Current Status of License	First Year Licensed as	Professional Designations	License ever Revoked or Suspended
		[ ] Active [ ] Inactive	Agent: _____ Broker: _____ Other: _____		[ ] Yes [ ] No
		[ ] Active [ ] Inactive	Agent: _____ Broker: _____ Other: _____		[ ] Yes [ ] No
		[ ] Active [ ] Inactive	Agent: _____ Broker: _____ Other: _____		[ ] Yes [ ] No

6. Staff: Number:
- Principals, Partners, Directors, Officers: \_\_\_\_\_
- Full-Time Real Estate Professionals: \_\_\_\_\_
- Part-Time Real Estate Professionals: \_\_\_\_\_
- Other Professionals (Explain): \_\_\_\_\_
- Non-Professional Employees: \_\_\_\_\_
- Total:** \_\_\_\_\_

7. What percentage of the Applicant's revenue is derived from the following?

Professional Services	Revenue	Professional Services	Revenue
Residential Real Estate Sales	___%	Title, Searching, Abstracting	___%
Farm and/or Ranch Sales	___%	Escrow Agency	___%
Land Lot Sales	___%	Property Inspection Services	___%
Commercial, Industrial Sales	___%	Appraisal	___%
Business Opportunity Brokerage	___%	Property Management (Non-Owned)	___%
Real Estate Leasing (Non-Owned)	___%	Property Management (Owned)	___%
Real Estate Leasing (Owned)	___%	Property Management (Condominium)	___%
Real Estate Consulting/Counseling	___%	Other: _____	___%
Property Development/Construction	___%	<b>Total must equal:</b>	<b><u>100%</u></b>

8. Is the Applicant a member of any franchise organization? [ ] Yes [ ] No  
 If Yes, provide details.
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9. Is the Applicant or any subsidiary, parent or other related organization engaged in:
- a) Real Estate Development or Construction? [ ] Yes [ ] No
- b) The formation, management or organization of group investment syndications, including but not limited to partnerships, general partnerships, real estate investment trusts or corporations? [ ] Yes [ ] No

If Yes to either a) or b), attach a separate sheet with details, including specific services performed, property values involved, and fees received. In any event it is understood and agreed that these services will not be covered under the subject Policy.

10. During the last five years, has the Applicant engaged in any real estate 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.

11. What is the average value of properties sold by the Applicant? \$\_\_\_\_\_

12. Please list the five largest transactions in the immediately preceding twelve months, including the values thereof:

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13. Is more than 10% of the Applicant's commission derived from the sale of real estate at any one location or development? If Yes, attach details.  Yes  No

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14. Does the Applicant engage in dual agency transactions?  Yes  No  
If Yes: What percentage of transactions involve dual agency representation? \_\_\_\_\_%  
Describe the Applicant's procedures for disclosing dual agency representation to all parties involved in the transaction.

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15. Does the Applicant use a Home Protection or Home Warranty program?  Yes  No  
If Yes, what percentage of units sold include such programs? \_\_\_\_\_%

16. Please describe the Applicant's policy regarding use of home inspections on residential transactions and provide an estimate of the percentage of transactions in which a home inspector is utilized:

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17. Has the Applicant ever been the subject of disciplinary action by a regulatory agency resulting from the violation of any federal, state or local fair housing law?  Yes  No  
If Yes, attach details detailing the action(s), the result(s) and steps taken to mitigate future disciplinary actions.

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