



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

SAFETY CONSULTANTS SUPPLEMENT

1. Name of Applicant: _____

2. Indicate the percentage of the Applicant's gross revenues attributable to:

(A)		(B)	
Occupational Safety	___%	Fire Protection Engineering	___%
Risk Management	___%	Industrial Hygiene	___%
Loss Control	___%	Design Failure Testing	___%
		Environmental/Pollution (Phase I)	___%
(C)		Other (specify)	___%
Environmental/Pollution (Phase II)	___%		
Environmental/Pollution (Phase III)	___%		
Anti-Terrorism Consulting	___%	(A) + (B) + (C) Total must equal	100%

3. Does the Applicant provide any services other than those listed above?
If Yes, describe. [] Yes [] No

4. Does the Applicant provide specific design recommendations?
If Yes, provide details. [] Yes [] No

5. Indicate which designations the Applicant &/or the Applicant's employees hold:

- Associate in Risk Management (ARM) []
- Associate Safety Professional (ASP) []
- Certified Fire Protection Specialist (CFPS) []
- Certified Industrial Hygienist (CIH) []
- Certified Safety Professional (CSP) []
- Fellow in Society of Fire Protection Engineers (SFPE) []
- Professional Engineer (PE) []
- Other (specify) []

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): _____