



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

SEEDSMEN SUPPLEMENT

1. Name of Applicant: _____

2. Of which seed trade association is the Applicant a member in good standing?

F.I.S. Others (list):

3. Is the Applicant a cooperative or a member of a cooperative? Yes No

4. Does the Applicant research or develop transgenic seed varieties? Yes No

If Yes, are new transgenic seed varieties test grown for at least two growing seasons prior to marketing? Yes No

If No, please explain procedures to ensure the transgenic seed variety is of the required quality and has the required characteristics:

5. Does the Applicant use a standard disclaimer and/or limited remedy clause on all seed tags, bags, labels and invoices limiting the Applicant's liability to replacement or the cost of replacement seed? Yes No

If No, please explain:

6. List the main types of seeds:

Agricultural: _____

Vegetable: _____

7. Please list countries to which the Applicant exports seed:

8. Percentage of sales from:

- a) Seed grown by the Applicant, or by others for the Applicant: _____%
- b) Treating/conditioning seed for others (including disease control): _____%
- c) Distribution of seed grown by others and sold under their label: _____%

9. Does the Applicant deal in green bean seeds? Yes No

If Yes, indicate the source of green bean seeds and whether those seeds were exposed to halo blight and eradication measures taken:

10. Does the Applicant deal in watermelon seeds? Yes No

If Yes, indicate measures taken against watermelon fruit blotch:

11. Does the Applicant deal in potato seeds? Yes No

If Yes, describe the quality control measures:

12. Does the Applicant comply with:

- a) FIS guidelines on the prevention and handling of claims in the seed industry? Yes No
- b) Internationally accepted procedures for seed testing such as AWSA or ISTA? Yes No
- c) Has the Applicant initiated an ISO 9000 program? Yes No

13. In testing and checking seeds does the Applicant maintain a private laboratory staffed with a senior analyst?

Yes No

If No, does the Applicant use the facilities of a qualified commercial laboratory?

Yes No

Please provide the name of the laboratory used:

14. Does the Applicant perform grow-out testing?

Yes No

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): _____