



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

SYSTEMS INTEGRATORS SUPPLEMENT

1. Name of Applicant: _____

2. Indicate which of the following major industries the Applicant's serves:

Consumer products	___%	Mining and metals	___%
Chemical	___%	Petroleum/oil/gas	___%
Food/Beverage	___%	Pharmaceuticals	___%
Forest Products	___%	Rubber and plastics	___%
General industry	___%	Transportation	___%
Government	___%	Water and wastewater	___%
Materials handling	___%	Other (describe): _____	___%
Total must equal			<u>100%</u>

3. Indicate which of the following major activities the Applicant engages in:

Automated identification	___%	Information	___%
Communications	___%	Machine vision	___%
Controls	___%	Motion controls	___%
		Other (describe): _____	___%
Total must equal			<u>100%</u>

4. Does the Applicant purchase equipment or hardware on behalf of its clients? [] Yes [] No

If Yes, list the manufacturers from which equipment or hardware is purchased:

5. Indicate projected revenues for the next twelve months from sales of equipment or hardware not manufactured by the Applicant (pass through sales): \$_____

6. Does the Applicant design any manufacturing or industrial process? Yes No
If Yes, describe:

7. Is any partner, owner, officer, director or employee of the Applicant a licensed engineer? Yes No
If Yes, indicate the names and positions of such individuals and provide a descriptions of the services they provide on behalf of the Applicant:

8. Does any organization that is controlled by, owned by, or commonly owned, affiliated or associated with the Applicant have a licensed engineer on staff or in a management position? Yes No
If Yes, indicate the names, positions and employers of such persons, the relationship of such employer to the Applicant, and a description of the services such persons provide on behalf of the Applicant:

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): _____