



# 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

### TAX PREPARATION/BOOKKEEPING SUPPLEMENT

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

2. Does the Applicant employ or use Certified Public Accountants in the performance of services for clients? If Yes, provide details: [ ] Yes [ ] No

\_\_\_\_\_

3. Does the Applicant provide legal advice, render opinions or otherwise interpret tax laws or rulings or accounting rules standards or principles? [ ] Yes [ ] No  
If Yes, attach a description of such activity.

4. Does the Applicant supervise or manage any investment or trust funds on behalf of clients? [ ] Yes [ ] No  
If Yes, attach a description of such activity.

5. Describe the training period provided or required of employees:  
\_\_\_\_\_  
\_\_\_\_\_

6. Indicate the percentage of gross annual receipts attributable to:

Tax returns (individuals)	___%
Tax returns (businesses)	___%
Bookkeeping (individuals)	___%
Bookkeeping (businesses)	___%

7. Does the Applicant perform audits/reviews of compilations or business tax returns? [ ] 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): \_\_\_\_\_