



# 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

### TECHNICAL CONSULTANTS SUPPLEMENT

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

2. Indicate the percentage of annual revenues attributable to consulting in each of the following categories during the immediately preceding twelve months and expected in the next twelve months:

	Last Year	Next Year
Medical products	___%	___%
Drug Screening	___%	___%
Asbestos	___%	___%
PCB, Radon or pesticide/herbicide	___%	___%
Hazardous waste site	___%	___%
Exhaust air stack	___%	___%
Flood plain/estuary or wetland	___%	___%
Environmental impact study	___%	___%
Environmental site assessments	___%	___%
Ventilation systems	___%	___%
Fuel and chemical spills	___%	___%
Waste and waste water	___%	___%
Ground and surface water	___%	___%
Underground storage tanks	___%	___%
Hazard communications and "right to know programs"	___%	___%
Regulatory compliance and permits	___%	___%
Recycling	___%	___%
Training programs (attach a full explanation)	___%	___%
Other (please explain):	___%	___%
<b>Total must equal</b>	<b><u>100%</u></b>	<b><u>100%</u></b>

3. Does the Applicant provide any removal or cleanup services?  Yes  No

4. Does the Applicant provide any engineering or design services?  Yes  No

5. Does the Applicant hold a patent for any product, service or otherwise?  Yes  No

If Yes, provide full details:

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6. Asbestos work – Indicate gross receipts for work performed in the following categories:

Asbestos identification or inspection	\$ _____
Asbestos laboratory and analysis	\$ _____
Asbestos air monitoring at job site	\$ _____
Asbestos abatement designs	
Industry standards	\$ _____
Original designs	\$ _____
Asbestos removal project management	\$ _____
Non-asbestos toxicology/industrial hygiene work	\$ _____

7. Laboratory services – Indicate the following:

- a) Percent of work performed by Applicant's own laboratory \_\_\_\_%
  - b) Attach a copy of the current laboratory license/certificate.
  - c) Percent of work performed by any outside laboratories \_\_\_\_%
  - d) Are any outside laboratories licensed/certified?  Yes  No
- If yes, by whom:

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8. Describe any lead paint or radon services provided:

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