



OLD REPUBLIC INSURANCE COMPANY

This completed document should be submitted to:
Old Republic Professional Liability, Inc.
191 North Wacker Drive, Suite 1000
Chicago, IL 60606-1905
T: 312.750.8800 www.oldrepublicpro.com

BROKER APPOINTMENT APPLICATION LAWYERS PROFESSIONAL LIABILITY [LPL]

1. Name of Applicant Organization: _____
2. Address: _____

3. Telephone: _____ Fax: _____ Web site: _____
4. Number of years in business: _____ Wholesaler Retailer Both
5. Ownership of Organization _____
6. Names of all staff responsible for handling LPL business:

8. Total annual LPL premium volume: \$ _____
9. Three largest LPL markets: _____

10. Has the applicant organization at any time during the past three years held underwriting authority for LPL, including any current authority? Yes ___ No ___ If Yes,

<u>Carrier Name</u>	<u>Period of Authority</u>	<u>Limit</u>	<u>Annual Premium Volume</u>
_____	_____	_____	_____
_____	_____	_____	_____
11. Which other states will business come from, apart from applicant's state of domicile?

12. Expected annual premium volume with Old Republic Professional Liability, Inc.? \$ _____

Name and Title of person completing this application: _____

Signature: _____ Date: _____

- Approval of the applicant organization is subject to ongoing review by Old Republic Professional and may be withdrawn at any time.
- This application is valid only for Old Republic Professional, and no other entity of Old Republic International Group.
- This in no way constitutes a formal agency appointment by any member of the Old Republic International Group.

- If the applicant organization has more than one office, each office must submit its own application.