



**Ohio Bar Liability  
Insurance Company**

1650 Lake Shore Drive  
P.O. Box 2708  
Columbus, Oh 43216-2708

Phone: (614) 488-7924  
(800) 227-4111  
Fax: (614) 488-7936

WWW.OBLIC.COM

E-Mail:  
underwriting@oblic.com

## QUESTIONS AND ANSWERS FREQUENTLY DISCUSSED WITH ATTORNEYS ABOUT LAWYERS PROFESSIONAL LIABILITY INSURANCE

**Q. *What is a Claims-Made and Reported policy?***

**A. "Claims-Made and Reported" insurance is a policy under which the insurance company is responsible for the defense and payment of those claims first made against the insured and reported to the insurer during the period when the policy is in effect.**

**Benefits to the insured are two-fold. The premium for a current policy does not have to be loaded to provide for future claims at their inflated values. Such future claims will be paid by the future premiums of the policies in effect in the future.**

**Another benefit is the opportunity to "tailor" the limits of liability to fit the claims cost situation, and to adjust limits of liability for economic and social inflation. This enables the insured to provide adequate protection in the year the claim may arise.**

**Q. *What is "Prior Acts" Coverage?***

**A. Under OBLIC's policy, prior acts are covered subject to some qualifications. If an act, error or omission causing a claim occurred prior to the effective date of the current policy, the insured had no prior knowledge, and the claim is made and reported to OBLIC during the current policy term, there is coverage so long as there is no other collectible insurance available. Additionally, the person or entity must have been insured on a "Claims-Made and Reported" basis prior to the effective date of the current policy when the act, error or omission occurred.**

**Q. *What if the Named Insured ceases private practice or retires. Does the policy in effect prior to retirement provide coverage?***

**A. The policy provides an option to purchase an extension of coverage so that the reporting period for claims is extended. If this option is not purchased, coverage ceases as of the expiration date of the policy.**

**Q. *What if the policy is cancelled? What happens to coverage?***

**A. The Named Insured has the option of purchasing an extension of coverage so that the reporting period for claims is extended as if the insured had ceased private practice or retired, unless the policy is cancelled for non-payment of a premium or deductible amount owed.**

**This description is limited to brief highlights and is subject to the coverage, conditions and exclusions described in the policy.**



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## **ATTORNEYS' PROFESSIONAL LIABILITY POLICY INSTRUCTIONS TO COMPLETE APPLICATION FOR INSURANCE**

Please answer each question fully. The applicant must state if the answer to a question is no or not applicable. Incomplete applications will be returned. Additional sheets (if required) should be on the applicant's letterhead and should be signed and dated. Each answer to each question is a material representation to the Company.

We realize our forms are complex. However, we believe their use will aid the Company to more carefully evaluate the application.

Do not send money with the application. If your application is approved, a premium quotation will be sent to you with further instructions on the payment of the premium.

### **DETAILED EXPLANATION OF EACH QUESTION**

Question #1 - Name of Applicant. The complete name of the sole practitioner, partnership, limited liability corporation, professional corporation or association must be shown in order to provide the proper name for the Named Insured on the policy. Please attach a copy of the current letterhead also. If the stationery in current use has not been updated to reflect current addition or deletion of attorneys, please indicate. Please submit updated letterhead when available. The response to this question should be identical to the name used on the current letterhead.

Question #2 - Principal Office Address. The full address of the principal business location must be shown, including the street, city, county and zip code. Post office boxes are not acceptable. Please indicate any other office locations, excluding the principal business office, and establish in writing that the supervision of any such secondary location rests with the principal office.

Question #3 – Year Established. This is the year your firm was established.

Question #4 – Predecessor Firms. This is for any predecessor firms of your new firm. This would include any firms where the applicant is a successor to more than 50% of the former firm's assets and liabilities.

Question #5 – Mode of Practice. Please select the option that best describes your practice.

List Attorney Responsible for Your Practice In The Event of a Prolonged Absence. If you are a sole practitioner, please provide the name of an attorney(s) who could cover your practice in the event you are out for any period of time. This is not for an attorney to come in and take over your cases, but to check your docket for any urgent dates that need immediate attention.

Limits of Professional Liability and Deductible Desired. Policy limits and deductible desired must be completed. If quotations for more than one limit or deductible are desired, please indicate. Any request for a deductible of \$10,000 or more must be accompanied by the applicant's financial statement.

Effective Date Desired. The effective date on all new policies must be the same date or a later date than the date upon which the application is received by the Company.

Question #6 – List of Attorneys. All attorneys in the applicant's firm must be listed. Attorneys designated as "of counsel" are to be included.

If any applicant is a member of the Ohio State Bar College, please forward a copy of your certificate with your application. A credit may apply.

Question #7 – Any Other Law Partner, Associate, Employed or Contract Lawyer. If the applicant is engaged in practice with any other lawyer (other than those named in question 6) they should be listed here with an explanation of the relationship.

Question #8a – Areas of Practice. Some areas of practice that exceed a certain percentage will require a supplemental application. These areas include Securities, Trademark, Copyright, and Patent but are not limited to these areas. The Company may request the completion of a supplemental application devoted to the specific area of practice.

Question #8b – Foresee any Major Change in Areas of Practice. If the applicant believes there is a significant change in any area of practice over the upcoming year, please indicate "yes" with an explanation.

Question #8c – Firm's Highest Annual Percentage (relating to three areas of practice). Please indicate the highest percentage for these three areas over the past three years. If none, so state.

Question #8d – Services Provided. If the answer is "yes" to either of these two parts, you must complete a Securities Law Supplemental Application.

Question #8e – Class Action Litigation. If the applicant has been involved, as an attorney, in any class action litigation please respond "yes". In addition, please answer the following follow-up questions: number of cases, size of class, amount in controversy and the subject of the litigation.

Question #9 – Change in Gross Revenue. This question only applies to applicants with more than 5 attorneys. Please indicate the percentage change in gross revenues (+ or -) for each of the past three years. If your change is 25% or greater for any year, please telephone, or visit our website to receive a Firm Profile Supplemental.

Question #10 – Other Capacities. If you act as an insurance agent or broker, real estate agent or broker, accountant or title insurance agent, please indicate by selecting the appropriate box. This work is excluded under the OBLIC policy. If you would like coverage for your work as a title insurance agent, you are required to complete the Title Insurance Agents Supplemental Application. Please note, OBLIC will not provide coverage to a title insurance agency.

Question #11a – Other Legal Services. If you provide legal services to any entity, other than with any lawyer or firm of lawyers, please indicate such work. Examples include, but are not limited to, acting judge, magistrate, prosecuting attorney, corporate in-house counsel, or organizations. Please be sure to provide the percentage of business time per week devoted to this work.

Question #11b – Other Private Practice. Please indicate if you are involved in any other legal work for other attorneys or law firms. If "yes", please provide the name of the law firm.

Question #12 – Directors/Officers. If you are a director or officer of any corporation (other than the applicant firm) please indicate "yes". You will be required to complete the Directors and Officers Outside Interest Supplemental.

Please note, D&O claims will not be covered and endorsements may apply to your policy further limiting coverage.

Question #13 – Insurance History. Please complete the insurance history for all applicant(s) and any predecessor firm as described in Question #4. Any gaps or overlaps must be explained including the reason why such gaps or overlaps in coverage occurred. The explanation must be signed and dated. It is extremely important to provide a complete history, as a failure to do so may result in the exclusion of prior activities for which an applicant was otherwise qualified for coverage.

Question #14 – Extended Reporting Option. Please indicate “yes” if any applicant has purchased an Extended Reporting Period Option (aka “tail policy”) in the past.

Question #15 – Office/Expense Sharing. This question should be answered “yes” if the applicant shares office and/or expenses with any other lawyer or firm of lawyers. If any expense or space is shared, the answer should be affirmative and an Office/Expense Sharing Supplemental should be completed. Please call or visit our website for the Office/Expense Sharing Supplemental.

Question #16 - If any part of this question is answered affirmatively, please state the name of the court or the administrative agency, the exact nature of the action taken and the date such action was taken.

Questions #17 - Please indicate the name of the insurer, the date of cancellation or non-renewal, and the reasons for such cancellation or non-renewal. Include mandatory higher deductible, mandatory low policy limits, special endorsements relating to high exposure, exclusion of certain areas of practice and exclusion of prior acts coverage.

Question #18 & #19 - If any response is “yes”; attach an explanation providing dates and description and results of the events.

Question #20 – Prior Claims. Please advise if any professional liability claim has been asserted or action filed against any applicant. If “yes”, please call or visit our website for the Claims Supplemental Application.

Question #21 – Knowledge of Potential Claim. If any applicant knows of any circumstance, act, error or omission which could result in a professional liability claim, further explanation is required.

Questions #22 – COI, #23 – Docket Control Systems, #24 Client Communication. Questions are self explanatory, if you have any questions or concerns please call our office.

Question #25 – Internal Controls.

(a) Suits for Fees – Please indicate the number of suits for fees you have filed against your own clients in the past 2 years.

(b) Wait One Year – If you have not waited one year in the past, we would like you to start applying the one year rule. Due to the one year statute of limitations on malpractice claims, we strongly suggest you wait one year before filing suits.

(c) Preventative Steps – Please indicate how you have or will avoid future suits for fees.

(d) Counterclaim – If in the past you have not evaluated the possibility of a malpractice counterclaim before filing suits, we strongly suggest you implement this procedure.

(e) Check Writing Authority – If any employee has discretionary check writing authority, we would like all checks to be reviewed by the applicant.

(f) Trust, Estate & Bank Account Statements – If possible, we would like all trust, estate and bank account statements to be reviewed by more than one qualified person.

(g) Opinion Letters – If the firm provides written opinion letters to third parties, who are creditors of clients, please

provide us with a sample letter(s).

Question #26 – Outside Interest.

(a) If any applicant is serving as a director, officer, trustee, partner or employee of any client of the firm, please complete the Directors and Officers Outside Interest Questionnaire.

(b) If “yes” to question #26a, have you provided letters to the other Directors and Officers of the corporation discussing the potential for a conflict of interest due to your dual role as attorney and director/officer of the corporation? We have sample language as a guide, if necessary.

(c) Within the past five years, has any applicant or their spouse had any equity interest in any client of the applicant firm? If “yes”, please complete the Directors and Officers Outside Interest Questionnaire.

Please send your completed application to:

Ohio Bar Liability Insurance Company  
1650 Lake Shore Drive  
P.O. Box 2708  
Columbus, Ohio 43216-2708  
1-800-227-4111 or  
614-488-7924  
FAX NO. 614-488-7936



PLEASE NOTE: A copy of your letterhead must accompany this application.

OHIO BAR LIABILITY INSURANCE COMPANY
1650 LAKE SHORE DR. • P.O. BOX 2708 • COLUMBUS, OHIO 43216-2708
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FAX (614) 488-7936
WEB ADDRESS: www.oblic.com • E-MAIL: underwriting@oblic.com

APPLICATION FOR LAWYERS' PROFESSIONAL LIABILITY INSURANCE (CLAIMS-MADE AND REPORTED BASIS)

INSTRUCTIONS (Please Print or Type All Replies)

- (a) If any space provided herein is insufficient for complete reply, please attach a separate sheet. Be sure to identify by number the question to which you are replying.
(b) If the answer to any question is none, please state NONE or LEAVE BLANK.
(c) A completed copy of the application must be signed and dated by the applicant (or partner or practicing stockholder in the event that the applicant is a partnership, LPA, LLC or LLP.)
(d) The term "firm" as used in this application includes individual or solo practitioners.

1. Full name of applicant (If partnership, LPA, LLC or LLP show firm name): Attach a copy of current letterhead.

Present Policy \_\_\_\_\_ Expiration Date \_\_\_\_\_

2. Principal office address:

Address #1 \_\_\_\_\_
Address #2 \_\_\_\_\_
City, State, Zip \_\_\_\_\_ - \_\_\_\_\_
County \_\_\_\_\_
Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_
E-Mail Address: \_\_\_\_\_

Note: Please list any Secondary Office Locations (Use a separate sheet of paper if necessary).

Address #1 \_\_\_\_\_
Address #2 \_\_\_\_\_
City, State, Zip \_\_\_\_\_ - \_\_\_\_\_
County \_\_\_\_\_
Secondary Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
E-Mail Address: \_\_\_\_\_

3. Year established: \_\_\_\_\_

4. List the names of all predecessor firms of applicant. (Name only those firms where the applicant is a successor to the former firm's assets and liabilities.) Please list any additional firms on separate sheet. If none, so state.

Table with 4 columns: Name of Firm, Year Established, No. of Partners Officers, Directors, No. of Employed Lawyers. Includes three rows of blank lines for data entry.

5. Specify mode of practice below:

Individual ..... Partnership ..... LLP ..... Professional CorporationLPA ..... LLC .....

If you are the only lawyer in the firm:

List the lawyer who would monitor your practice if you should be absent due to vacation, accident or illness.

Lawyer Responsible for Practice:

AVAILABLE LIMITS OF PROFESSIONAL LIABILITY (000's omitted) (Select Limits for additional quote(s) if different from current Limits)

\$ 100/300      \$ 200/600      \$ 250/500      \$ 500/500      \$ 500/1000      \$ 750/1500

\$ 1000/1000      \$ 1000/2000      \$ 2000/2000      \$ 2000/4000      \$ 5000/5000

Specify Other \$ \_\_\_\_\_ / \_\_\_\_\_ .

AVAILABLE DEDUCTIBLES (Select Deductibles for additional quote(s) if different from current Deductible)

\$1,000      \$2,500      \$5,000      \$10,000      \$25,000

Effective date desired:

Month      Day      Year

6. Please provide the information requested below for each lawyer for whom coverage is desired. Use separate sheet as necessary.

Lawyer Name (Last, First, Initial)	Year Lawyer Joined Firm	Supreme Court Number	Year & month Admitted to Ohio Bar	Years of Full-time Practice	Member of the Following Bar Associations (Use State Abbreviations)
(a) _____	_____	_____	_____	_____	_____
(b) _____	_____	_____	_____	_____	_____
(c) _____	_____	_____	_____	_____	_____
(d) _____	_____	_____	_____	_____	_____
(e) _____	_____	_____	_____	_____	_____

If any applicant is a member of The Ohio State Bar College, enclose a current copy of the membership certificate. A credit may apply.

7. Does any lawyer named in Question 6 have any other law partner, associate, employed or contract lawyer other than those named in Question 6? Yes      No      If yes, please list the lawyer and explain:

8(a). Indicate your estimate of the percentage of your firm's time devoted to:

01 Plaintiff Personal Injury.....	16 Criminal/Juvenile.....
02 Defendant Personal Injury.....	17 Bankruptcy.....
03 Real Estate.....	18 Admiralty.....
04 Probate, Estates & Trusts.....	19 Labor.....
05 Patents, Trademarks & Copyrights.....	20 Worker's Compensation.....
(SUPPLEMENT NEEDED).....	
06 Corporation Law.....	21 General Litigation (If not 01 or 02).....
07 Municipal Law.....	22 ERISA.....
08 Collections (ATTACH A COPY OF INITIAL COLLECTION LETTER).....	23 Environmental Law.....
09 Civil Rights.....	24 Employment.....
10 Banking and/or Savings & Loan.....	25 Arbitrator/Mediator.....
11 Securities (SUPPLEMENT NEEDED).....	26 Appellate.....
12 Commercial Matter.....	27 Administrative Law/Social Security.....
13 Domestic Relations/Family Law.....	28 Consumer Law.....
14 International Law.....	37 Immigration Law.....
15 Tax.....	99 Specify If Other and Explain.....
	Total

8(b). Does the applicant foresee any major change during the next fiscal year in the percentages listed as regards the firm's areas of practice?  
..... Yes      No

If yes, please explain.

8(c). Please indicate the firm's highest annual percentage of time during the past 3 year period for the areas of practice indicated below:

<u>Area of Practice</u>	<u>Highest Annual % for any of the Last Three Years</u>
• Patents, Trademarks & Copyrights	_____
• Securities, including Bonds/Bills/Notes	_____
• Environmental Law	_____

- 8(d). Has your firm during the past 3 years (or have you as a sole practitioner) provided services relating to securities including bonds/bills/notes to:
- Issuers, underwriters, or affiliates thereof, with respect to the issuance, offering or sale of securities, whether registered or exempt transactions?.....Yes No
  - Client(s) who are subject to the reporting requirements of Section 13 or 15(d), or registered under Section 12 of the Securities Exchange Act of 1934?.....Yes No

If yes to either, please complete a Securities Law Practice Supplemental Application.

- 8(e). Within the past three years, has any member of the firm represented clients in any class action litigation?.....Yes No  
If yes, please provide a description of the nature of work, number of cases, size of class, subject of litigation and amount in controversy.

Use Separate Sheet as necessary.

9. If more than 5 lawyers in the past 3 years, please indicate the percentage change in gross revenues (+ or -) for each of the past three years. If the percentage change in any year is 25% or greater (+ or -), please complete the Firm Profile Supplement.

Most Recent Year	Prior Year	Prior Year
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10. Does applicant's practice also involve acting in the capacity of any of the following? ..... Yes No

If yes, coverage does not apply and separate professional liability insurance should be carried for this work.

Insurance agent or broker.....	Accountant .....	
Real estate agent or broker.....	Title insurance agent—Supplemental Application Needed .....	

- 11(a). Does any applicant perform legal services as an employee of any person or organization or governmental entity other than any lawyer or firm of lawyers? .....Yes No

If yes, please describe nature of employment, and percentage of total time devoted to this activity. **Coverage will not apply.**

- 11(b). Does any applicant engage in private practice other than with the applicant firm?.....Yes No

12. Is any applicant a director or officer of any corporation or served in such capacity in the last 5 years? (Other than applicant's law firm)

Yes No If yes, please complete the Directors and/or Officers Outside Interests Questionnaire.

Please name the corporation and position. **Coverage will not apply.** \_\_\_\_\_

13. Previous Insurance (last 6 years beginning with immediate prior coverage working backwards for each lawyer listed in question No. 6). If none, so state or leave blank. Please answer fully for each lawyer to insure accurate premium rating.

	Lawyer Name As Listed In Question #6	Coverage Dates (From/To) mm-dd-yyyy	Insurance Company	Limits (Each Claim/ Aggregate)	Deductible
(a)	_____	_____	_____	_____	_____
(b)	_____	_____	_____	_____	_____
(c)	_____	_____	_____	_____	_____
(d)	_____	_____	_____	_____	_____
(e)	_____	_____	_____	_____	_____
(f)	_____	_____	_____	_____	_____

Use Separate Sheet as necessary.

14. Have you ever purchased an option for Extended Reporting for claims occurring during the policy term, but not reported within that term? ..... Yes No  
 If yes, when? MO/YEAR for what limit? and for what length of time?
15. Does any applicant have an office space and/or expense sharing arrangement with any other lawyers? ..... Yes No  
 If yes, then please complete the Office/Expense Sharing Supplemental Application.

**QUESTIONS 16 THROUGH 21 EACH LAWYER LISTED UNDER ITEM 6 SHALL BE CONSIDERED AS AN APPLICANT. (Please provide complete details on all “Yes” answers.)**

16. Has any applicant ever been reprimanded by or refused admission to practice, disbarred, or suspended (including voluntarily suspended) from practice before any court or administrative agency? ..... Yes No  
 Lawyer (Last, First, Initial) / Explanation
17. Has any applicant’s professional liability insurance coverage ever been cancelled or non-renewed? ..... Yes No  
 Lawyer (Last, First, Initial) / Explanation
18. Has any applicant ever been treated for alcohol or drug abuse? ..... Yes No  
 If yes, please provide an explanation, timeframe, and the name of your sponsor and a lawyer reference.  
 Lawyer (Last, First, Initial) / Explanation
19. Has any applicant been charged with or convicted of a criminal offense involving moral turpitude or of a felony? . . . Yes No  
 Lawyer (Last, First, Initial) / Explanation
20. (a) Within the last 6 years, has any professional liability claim been asserted or action filed against any applicant? ... Yes No  
 (b) If yes, please attach a copy of the notice to your insurance carrier. In addition, complete a Supplemental Claim Information form.
21. (a) Does any applicant know of any circumstances, act, error or omission which could result in a professional liability claim against any lawyer to be covered in Item 6, **whether or not a claim has actually been made?** ..... Yes No  
 (b) If yes, please attach a copy of the notice to your insurance carrier, **or provide a description of the circumstances, if not reported.**  
 Lawyer (Last, First, Initial) / Explanation
22. CONFLICT OF INTEREST SYSTEM:  
 (a) Does the firm maintain a method of monitoring conflicts of interest?..... Yes No  
 (b) How does the firm retain conflicts of interest avoidance information?

Please check all applicable methods used.  
 Oral/Memory                      Computerized  
 Index File                         Other

(c) Do the above methods capture lawyer-client relationships established by predecessor, merged, or acquired firms?  
 ..... Yes      No      Not Applicable

(d) Upon identifying an actual or potential conflict, does the firm have a procedure which requires members to obtain and retain written consent from the client to perform ongoing legal services? .....Yes      No      I decline to perform services for such clients.

23. DOCKET CONTROL SYSTEM:

(a) Do you have a planned method for your docket/calendar control? ..... Yes      No  
 Are procedures in writing?..... Yes      No

(b) Describe, briefly, your method of docket control with particular comments on cross checking \_\_\_\_\_

(c) If you handle cases for plaintiffs, do you use duplicate, independent systems for re-filing voluntarily dismissed (CR 41(a)) cases?  
 ..... Yes      No      Not Applicable

If yes, please describe your system in detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

24. CLIENT COMMUNICATION:

(a) Does the firm require the use of engagement letters on all new client matters undertaken by your firm? ..... Yes      No  
If yes, please provide a sample letter.

(b) Does your firm require the use of a written fee or retainer agreements on all engagements with new clients? ..... Yes      No  
If yes, please provide a sample

(c) Are declination or non-representation letters issued on matters declined by the firm, other than for telephone inquiries outside your area of practice?..... Yes      No  
If yes, please provide a sample letter

If yes, are such letters:

(1) used to decline new matters for ongoing clients? ..... Yes      No

(2) used to decline representation of all prospective new clients? ..... Yes      No

25. INTERNAL CONTROLS:

(a) How many suits for collection of fees have been filed by the firm during the past 2 years? #

(b) Does or would the firm wait more than one year from the completion of legal services before filing suits for fees?.....Yes      No  
 If "no," please provide an explanation. \_\_\_\_\_

(c) What steps have been taken by the firm to reduce or avoid the necessity of future fee collection suits?                      Not Applicable

(d) When evaluating whether a fee claim should be filed for collection, does the firm review the file for the purpose of evaluating whether the possibility of a counterclaim alleging malpractice might be filed in response thereto? ..... Yes      No      Not Applicable

(e) Does any employee who has discretionary control or check writing authority have to have all such matters reviewed by a partner, shareholder or other lawyer in the firm?..... Yes      No      Not Applicable

(f) Are all trust account, estate and bank accounts statements for the firm reviewed monthly by more than one person/employee/partner or shareholder in the firm?..... Yes      No      Not Applicable

(g) Does the firm provide written opinion letters to third parties who are creditors of clients? ..... Yes      No  
 If 25(g) is yes, please provide a sample letter.

26. OUTSIDE INTERESTS:

(a) Is any firm member serving as a director, officer, trustee, partner, or employee of any client of the firm? ..... Yes No

(b) If 26(a) is yes, have you provided the other Officers and/or Directors with a letter discussing potential conflicts of interests?  
..... Yes No

(c) Within the past 5 years, has any lawyer or their spouse listed in question #6 had an equity interest in any client of the applicant firm?  
..... Yes No

If yes to (a) or (c) above, please complete the Directors and/or Officers Outside Interests Questionnaire.

**WARRANTY: I/We hereby declare that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts; and I/we agree that this Application shall be the basis of the contract with the Company; and it is agreed that all representations contained herein are material as a matter of law, and that I/we will immediately notify the Company, said representations being deemed continuing, of any change in facts occurring prior to issuance of insurance pursuant hereto.**

IT IS UNDERSTOOD THAT THIS IS AN APPLICATION FOR INSURANCE AND NOT A BINDER OF INSURANCE COVERAGE.

FIRM NAME

BY:

DATE:

**There is no coverage under OBLIC’s policy for claims made and reported arising out of acts, errors or omissions during uninsured periods of time, or periods during which “occurrence” coverage applied.**

**WARNING**

**Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. (O.R.C. Sec. 3991.21)**

LPLA-II (01-2006)