



**REQUEST FOR THE DELETION OF AN ATTORNEY
FROM INSURANCE COVERAGE**

- 1. Firm Name (as shown on your letterhead): _____
- 2. Policy Number: _____
- 3. Name of Attorney to be deleted: _____
- 4. Effective date of deletion of coverage for deleted attorney: _____
(must be date of receipt of written notification to OBLIC or later)
- 5. Is the deleted attorney leaving the private practice of law? _____ Yes _____ No
- 6. Will there be a firm name change? _____ Yes _____ No
- 6a. If yes, please advise of the new name*:

***Please provide a copy of the firm's revised letterhead (prototype is acceptable).**

By: _____
(Authorized representative of applicant and/or policyholder) Date

Deleted Attorney (if available) Date

WARNING: Any person who, with intent to defraud or knowing that he or she is facilitating 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.-3999.21)