



**Supplemental Application for Part-Time Lawyers Professional Liability Insurance
(Claims-Made and Reported Basis)
Affirmation of Part-time Status**

Firm Name (as shown on your letterhead): _____

Policy No.: _____

The undersigned hereby states and affirms that:

1. I will not provide Professional Services to others in my capacity as a lawyer for the Named Insured for more than an average of 25 hours per calendar week during the Policy Period, nor will I provide Professional Services to others in my capacity as a lawyer for the Named Insured for more than an average of 25 hours per calendar week for 60 or more consecutive days.
2. I shall contact OBLIC as soon as practical if there is a change in circumstances during all times that current part-time professional liability insurance is provided by OBLIC which would alter the above statements.

Please explain why your practice is limited to part-time.

I hereby apply for part-time coverage with OBLIC based upon the above affirmations.

Print Name of Part-time Applicant: _____

Dated: _____

“**Professional Services**” shall be deemed, for the purposes of this policy, to include all services or activities performed by or on behalf of the Insured in a lawyer-client capacity; to also include volunteer services or activities performed by the Insured as a volunteer on behalf of the Ohio State Bar Association, and all general Ohio county and metropolitan bar association(s), or any non-profit organization that provides legal services on a pro-bono basis; and to also include services performed by the Insured as an arbitrator or mediator.

WARNING: Any person who, with intent to defraud or knowing that he or 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. – 3999.21)