OBLIC
OHIO BAR LIABILITY INSURANCE COMPANY
P.O. Box 2708, Columbus, Ohio 43216-2708

REQUEST FOR CANCELLATION OF POLICY

1. Firm Name (as shown on the letterhead): _____

2. Policy Number: _____

3. Effective date of cancellation:

   (MM/DD/YY): _____/_____/_____
   (must be date of receipt of written notification to OBLIC or later)

4. What is the reason for cancellation? Please complete for each attorney.

Individual Attorney Name	Deceased	Disabled [1]	Retired [2]	Other (please explain)

[1] Individual Insured is totally and permanently disabled and is unable to engage in **"Professional Services"** as a result of accidental bodily injury, physical illness or disease

[2] Individual Insured ceased performance of all **"Professional Services,"** and is taking Inactive or Retired Status with the Ohio Supreme Court, without a pending, or threat of, disciplinary action or felony conviction.

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

_____
Print name

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)