

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

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

2. Policy Number: _____

3. Name of Attorney to be deleted: _____

4. Effective date of deletion of coverage for deleted attorney:

(MM/DD/YY): ____/____/____

(must be date of receipt of written notification to OBLIC or later)

5. Will there be a firm name change? Yes ____ / No ____

If yes, please advise of the new name:

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

6. What is the reason for deletion of the attorney?

a. ____ Attorney deceased within last 60 days from desired cancellation effective date

b. ____ Attorney is permanently disabled

c. ____ Attorney is ceasing the practice of law and is taking Inactive or Retired Status with the Ohio Supreme Court without a pending or threat of disciplinary action

d. Other (please explain):

By: _____

(Authorized representative of applicant and/or policyholder)

_____ Date

Signature of 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)