

## Request for Change in Limits of Liability/Deductible

1. Firm Name (as shown on your letterhead): \_\_\_\_\_

2. Policy No.: \_\_\_\_\_

3. Current Limits: \_\_\_\_\_

4. Current Deductible: \_\_\_\_\_

5. Please select the desired limit(s): **(000's omitted)**

- |                                  |                                  |                                    |                                    |
|----------------------------------|----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> 100/300 | <input type="checkbox"/> 250/500 | <input type="checkbox"/> 450/900   | <input type="checkbox"/> 2000/2000 |
| <input type="checkbox"/> 150/300 | <input type="checkbox"/> 300/600 | <input type="checkbox"/> 500/1000  | <input type="checkbox"/> 3000/3000 |
| <input type="checkbox"/> 200/400 | <input type="checkbox"/> 350/700 | <input type="checkbox"/> 750/1500  | <input type="checkbox"/> 4000/4000 |
| <input type="checkbox"/> 200/600 | <input type="checkbox"/> 400/800 | <input type="checkbox"/> 1000/1000 | <input type="checkbox"/> 5000/5000 |

Other: \_\_\_\_\_/\_\_\_\_\_

6. Requested Deductible (if different than current deductible):

- 1,000    2,500    5,000    10,000    15,000    20,000    25,000

*If selecting the \$10,000 or higher deductibles, please attach proof of financial ability to pay the deductible in the event of a claim. This may include a signed letter from your accountant affirming the funds are available, bank statements or firm financial reports.*

7. Requested change effective date (MM/DD/YYYY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(must be date receipt of written notification to OBLIC or later)

8. Reason for request:

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9. The above request will be processed once OBLIC approval has been made. If you want a quote first, please advise. **“Quote Only” will be valid for 10 days and written confirmation must be received from you before change will be made.**

**QUOTE ONLY**

**PROCESS ENDORSEMENTS**

**As the authorized representative of the applicant (insured firm), I hereby represent that, after inquiry, no attorney to be insured hereunder is aware of a professional liability claim made against them, the firm, any predecessor firm, or against any current or former attorney of the firm (collectively referred to herein as “insureds”). Furthermore, I confirm that no attorney to be insured hereunder is aware of any act, error, omission, circumstance or breach of duty that has not yet been reported to the company which might reasonably be expected to result in a claim being made against any attorney to be insured hereunder. I further represent that to the best of my knowledge the information given on the application is unchanged since it was completed.**

Print Name: \_\_\_\_\_

By: \_\_\_\_\_ 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)**