

**APPLICATION FOR OHIO MAGISTRATE'S PROFESSIONAL LIABILITY INSURANCE
(CLAIMS-MADE AND REPORTED BASIS –
"CLAIM EXPENSE" MAY REDUCE LIMITS OF LIABILITY)**

This policy does NOT apply to Professional Services rendered to others beyond the duties imposed by the employer

Instructions (Please print or type all replies)

- (a) If any space provided herein is insufficient for complete reply, please attach a separate sheet. Be sure to identify by number the question to which you are replying.
- (b) **Answer every question**, if the answer to any question is none, please state NONE.
- (c) A completed copy of the application must be signed and dated by the applicant.
- (d) **DO NOT** send payment with the application.

1. Full name of Employer: **(Attach a copy of current letterhead)**

Present Magistrate Policy _____
Expiration Date _____

2. Principal address:

Address #1 _____
Address #2 _____
City, State, Zip _____
County _____
Business Phone Number: () _____ Fax Number: () _____
E-mail Address _____

Note: Please list any secondary locations (Use a separate sheet of paper if necessary).

Address #1 _____
Address #2 _____
City, State, Zip _____
County _____
Secondary Phone Number: () _____ Fax Number: () _____
E-mail Address _____

3. If quoted, the applicant will receive two quotes:

- 1) Cost of claims expense in addition to money damages. The deductible shall apply per policy period.
- 2) For a reduced charge, cost of claims expense will reduce the limits of liability to pay money damages and the deductible shall apply to each and every claim.

AVAILABLE LIMITS OF PROFESSIONAL LIABILITY (000's omitted) (Select Limits for additional quote(s) if different from current limits)

_____ \$100/300 _____ \$200/600 _____ \$250/750 _____ \$500/500 _____ \$1000/1000 _____ \$1000/2000
Specify Other \$ _____ / _____

AVAILABLE DEDUCTIBLES (Select deductibles for additional quote(s) if different from current deductible. Applies to Claim Expense or Indemnity Payments).

_____ \$0 _____ \$1,000 _____ \$2,500 _____ \$5,000 _____ \$10,000

Effective date desired: _____
Month Day Year

4. Please provide the information requested below in accordance with the following designation and instruction (a) on Page 1. Each magistrate listed shall be deemed an "applicant." Please indicate the following for each magistrate for whom coverage is desired. Use separate sheet as necessary.

	Magistrate Name (Last, First, Initial)	Supreme Court Number	Average Hours Worked as Magistrate Per Week	Year & Month Admitted to Ohio Bar	Years of Service with the Employer	Member of the Following Bar Associations (Use State Abbreviations)	Member of the Ohio Association of Magistrates
a							
b							
c							
d							
e							

If any applicant is a member of the Ohio Association of Magistrates, enclose a current copy of the membership card. A credit will apply.

5. Does the Employer named in Question 1 have any magistrate other than those named in Question 4? Yes No

If yes, please list and explain. (Last, First, Initial)/Explanation: _____

6. Indicate an estimate of the percentage of the applicant's time devoted to:

04	Probate, Estates & Trust	_____	40	Juvenile	_____	
13	Domestic Relation/Family Law	_____	41	Municipal – Civil	_____	
26	Appellate	_____	42	Municipal - Criminal	_____	
38	Common Pleas - Civil	_____	43	Municipal – Small Claims	_____	
39	Common Pleas - Criminal	_____	44	Municipal – Traffic	_____	
			99	Specify If Other & Explain	_____	
					Total	100%

7(a). Does any applicant perform legal services as an employee of any person or organization or governmental entity other than the Employer? ___Yes ___No
 If yes, please describe nature of employment, and percentage of total time devoted to this activity. **Coverage will not apply.**

7(b). Does any applicant engage in the private practice of law? ___Yes ___No
 If so, who is the employer or firm, and describe the activities:

8. Previous Magistrate Insurance (last 6 years beginning with immediate prior coverage working backwards for each applicant listed in question No.4). If none, so state or leave blank. Please answer fully for each applicant. (Use separate sheet as necessary)

Applicant Name as Listed in Question #4	Coverage Dates (From/To) M/D/Y	Insurance Company	Limits (Each Claim/Aggregate)	Deductible
(a)				
(b)				
(c)				
(d)				
(e)				
(f)				

9. Have you ever purchased an option for Extended Reporting for claims occurring during the policy term, but not reported within that term? ___Yes ___No If yes, when?

MO/YEAR_____ for what limit?_____ and for what length of time? _____

**QUESTIONS 10 THROUGH 15 EACH MAGISTRATE LISTED UNDER ITEM 4
SHALL BE CONSIDERED AS AN APPLICANT.**

(Please provide complete details on all "Yes" answers.)

10. Has any applicant ever been reprimanded by or refused admission to practice, disbarred, or suspended (including voluntarily suspended) from practice before any court or administrative agency? ___Yes ___No

Applicant (Last, First, Initial)/Explanation

11. Has any applicant's professional liability insurance coverage ever been canceled, non-renewed, or offered with a mandatory deductible clause higher than standard, or subject to a premium surcharge? ___Yes ___No

Applicant (Last, First, Initial)/Explanation

12. Has any applicant ever been treated for alcohol or drug abuse? ___Yes ___No
If yes, please provide an explanation, timeframe, and the name of your sponsor and a lawyer reference.

Applicant (Last, First, Initial)/Explanation

13. Has any applicant been charged with or convicted of a criminal offense involving moral turpitude or of a felony? ___Yes ___No

Applicant (Last, First, Initial)/Explanation

14. (a) Within the last 6 years, has any professional liability claim been asserted or action filed against any applicant? ___Yes ___No

(b) If yes, please attach a copy of the notice to your insurance carrier, if any, and complete a Supplemental Claim Information form.

15. (a) Does any applicant or Employer know of any circumstances, act, error or omission which could result in a professional liability claim against any lawyer to be covered in Item 4, **whether or not a claim has actually been made?** ___Yes ___No

(b) If yes, please attach a copy of the notice to your insurance carrier, **or provide a description of the circumstances, if not reported.**

Applicant (Last, First, Initial)/Explanation

16. INTERNAL CONTROLS:

(a) Does the applicant or Employer have a system requiring complaints by either a client, customer or other counsel to be reviewed by a lawyer other than the lawyer about whom the complaint is made? Yes No

(b) Does the Employer have written procedures which address the conduct and training of employees relative to the handling of material non-public information?
 Yes No Not Applicable

17. Does the Employer permit or require the applicant to issue opinions of counsel to clients or customers of the Employer or other outside parties in conjunction with transactions where such opinion of counsel is requested or required? If so, state policy, and provide a sample opinion.

Yes No

If yes, please provide an explanation _____

WARRANTY: I/We hereby declare that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts; and I/we agree that this Application shall be the basis of the contract with the Company; and it is agreed that all representations contained herein are material as a matter of law, and that I/we will immediately notify the Company, said representations being deemed continuing, of any change in facts occurring prior to issuance of insurance pursuant hereto.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT OF APPLICANT(S):

BY:

DATE

WARNING:

Any person who, with intent to defraud or knowing that he/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. Sec. 3991.21)