

**APPLICATION FOR LAWYER'S PROFESSIONAL LIABILITY INSURANCE
 ADDITIONAL ATTORNEY
 (CLAIMS MADE AND REPORTED BASIS)**

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) 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 AND partner, member or stockholder.
- (d) If it is noted that a Supplemental or an Additional Form needs to be completed, please visit our website (www.oblic.com) to obtain these materials.

1. Full name of Policyholder (as shown on your letterhead):

2. Policy No. _____

3. Full name of additional attorney to be insured:

4. Please provide the information requested below.

Applicant Email Address	Full or Part-Time Status +	Year Lawyer Joined Firm	Supreme Court Number	Prior Acts Date Requested *	OSBA Member Yes/No	Member of the Ohio Bar College? Yes/No

+ Part-time status qualification: Applicant to provide **“Professional Services”** to others as a lawyer for an average of 25 hours per calendar week or less (whether billable or not) during the period of the next year and not more than 25 hours per calendar week for 60 or more consecutive days.

* Does the firm intend this policy to cover the applicant for work provided prior to joining the firm. If so, please enter the date on which the listed attorney began carrying legal professional liability insurance uninterrupted, continuously renewed to the requested quote effective date.

5. Indicate your estimate of the percentage of applicant’s practice devoted to:

<u>AREA OF PRACTICE</u>	<u>% (if any)</u>	<u>AREA OF PRACTICE</u>	<u>% (if any)</u>
Patent Litigation *		Securities - Closely held, private placements **	
Patent Prosecution *		Securities - Public Offerings **	
Patent Other *		Title Insurance Agent +	

| * Intellectual Property Supplemental Needed | ** Securities Supplemental Needed | + Title Insurance Agent-Agency Supplemental Needed |

6. Does the applicant perform legal services as an employee of any person, organization, governmental entity or any lawyer or firm of lawyers other than applicant firm? Yes No If yes, please describe nature of employment and percentage of total time devoted to this activity. **Coverage will not apply.**

Attorney Name	Position Held	Person/Organization/Governmental Agy	% of Total Time

7. Within the past 5 years, has the applicant or their spouse had an equity interest of more than 10% in any client of the applicant firm? Yes No **Coverage will not apply.**

QUESTIONS 8 THROUGH 12 PLEASE PROVIDE COMPLETE DETAILS ON ALL "YES" ANSWERS

- 8. Has the 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
- 9. Has any applicant's professional liability insurance coverage ever been cancelled or non-renewed? Yes No
If yes, please supply the notice from carrier.
- 10. Within the last 6 years, has any professional liability claim been asserted or action filed against the applicant? Yes No
If yes, please attach a copy of the notice to the insurance carrier and complete a Supplemental Claim Information form.
- 11. Does the applicant know of any circumstances, act, error, or omission which could result in a professional liability claim against the applicant, whether a claim has actually been made? Yes No If yes, please attach a copy of the notice to your insurance carrier.
- 12. Date applicant joined firm as a licensed attorney (MM/DD/YYYY): _____/_____/_____
If this date is earlier than 60 days from date of OBLIC receipt, please complete the No-known Claims Affirmation.

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.

By: _____ Date _____
(Authorized representative of Named Insured)

AND

By: _____ Date _____
(Applicant)

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. Sec. 3999.21)