

**APPLICATION FOR LAWYER'S PROFESSIONAL LIABILITY INSURANCE  
EXTENDED REPORTING PERIOD ENDORSEMENT  
(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 (or partner, member or stockholder).

1. Full name of Firm/Applicant (as shown on your letterhead):

\_\_\_\_\_

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

3. Full name of applicant for Extended Reporting Period Endorsement:

\_\_\_\_\_

4. Limits of Liability Desired:  
(Shall not be greater than the limits of liability of the policy currently insuring the applicant)

Limits (000's omitted)	Deductible
___ \$100/300	___ \$1,000
___ \$200/600	___ \$2,500
___ \$250/750	___ \$5,000
___ \$500/500	___ \$10,000
___ \$500/1000	___ \$15,000
___ \$1000/1000	___ \$20,000
___ \$2000/2000	___ \$25,000
___ Other \$ _____ / _____	___ Other \$ _____

5. Does the applicant know of any circumstance, act, error or omission which could result in a professional liability claim against the applicant, **whether or not a claim has actually been made?** Yes  No

If yes, please attach a statement explaining the circumstance, and include the date of the act, error or omission, and the name(s) of all persons associated with the circumstance, act, error or omission, **whether or not a claim has actually been made.**

6. 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 or surrendered the license to practice law arising from the pendency or threat of disciplinary action?  
Yes  No

7. Has the applicant been charged with or convicted of a felony? Yes  No
8. Please state the date of the applicant's cessation of private practice of law:  
(MM/DD/YYYY)\_\_\_\_\_
9. Reason for applicant's cessation of practice of law:  
\_\_\_\_\_

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

**IT IS UNDERSTOOD THAT THIS IS AN APPLICATION FOR INSURANCE AND NOT A BINDER OF INSURANCE COVERAGE.**

BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Authorized representative of applicant and/or policyholder)

**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)**