

Application for Ohio Judges' Supplemental Insurance Policy for Judicial Discipline Claims (Claims-made and Reported Basis)

Instructions *(please print or type all replies)*

- 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.
- If the answer to any question is none, please state NONE or N/A (if left blank, a follow-up will be required which will delay the application review process).
- A completed copy of the application must be signed and dated by the applicant and must be post-marked no later than June 1, 2022.

1. Full Name *(First Middle Last)*

Attorney Registration # _____

Court & Position _____

2. Principal Mailing Address Line 1

Principal Mailing Address Line 2 _____

City _____

State _____

Zip _____

Business Phone _____

Fax Number _____

Email Address _____

All policy documents and information will be delivered to the above email address.

3. Are you currently insured with OBLIC under an active supplemental insurance policy for judicial discipline claims? Yes No

4. Are you insured under the Ohio Judges' Professional Liability Self-Insurance Program administered by the State of Ohio Department of Administrative Services / Office of Risk Management? Yes No

5. Have you 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

If yes, please provide the Case Number(s) _____

6. Do you know of any circumstances that would give rise to action by the Ohio Disciplinary Counsel or a similar committee of inquiry in disciplinary procedures based on allegations of professional misconduct as an active or sitting judge or justice, whether or not a claim has actually been made? Yes No

If yes, please attach a copy of the notice and provide a description of the circumstances.

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

It is understood this is an application for insurance and not a binder of insurance coverage.

By (Applicant) _____

Date _____

There is no coverage under OBLIC's policy for claims made and reported arising out of acts, errors or omissions during periods of time the applicant is not continuously insured with OBLIC.

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. 3999.21)

How to apply for coverage:

Complete this application and return, with premium payment of \$125.00 per insured judge/justice, by June 1, 2022, to: OBLIC, 1650 Lake Shore Dr., Suite 285, Columbus, Ohio 43204