

**APPLICATION FOR EMPLOYED LAWYERS  
PROFESSIONAL LIABILITY INSURANCE  
(Claims-Made and Reported)  
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 a complete answer, please attach a separate piece of paper. 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**.

1. Employer Name: \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
 City, County, State, Zip \_\_\_\_\_  
 Business Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

2. Is the Employer any of the following: \_\_\_Bank \_\_\_Investment Firm \_\_\_Trust Company \_\_\_ N/A

3. Please describe the nature of the professional services you are providing on behalf of the Employer.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Effective Date, Limits of Liability and Deductible Desired:

Effective Date (mm/dd/yyyy)	Limits (000's omitted)	Deductible
_____/_____/_____ _____	<input type="checkbox"/> \$100/300	<input type="checkbox"/> \$ 1,000
	<input type="checkbox"/> \$200/600	<input type="checkbox"/> \$ 2,500
	<input type="checkbox"/> \$250/750	<input type="checkbox"/> \$ 5,000
	<input type="checkbox"/> \$500/1000	<input type="checkbox"/> \$10,000
	<input type="checkbox"/> \$1000/1000	

5. Please provide the information requested below for each lawyer whom coverage is desired. Each lawyer listed shall be deemed an “applicant.” **This policy does NOT provide "D&O" coverage.**

	Applicant Name Last, First MI	“O” or “E”	Ohio Supreme Court Number	Year/Month Admitted to Ohio Bar	Years of Full- time service with the Employer	Officer or Director? Yes/No	Ohio Bar College Member? Yes/No
(a)							
(b)							
(c)							
(d)							
(e)							

6. Does the employer have any employed lawyer other than those named in Question 5? Yes No

7. Previous **Employed Lawyers Insurance** (last 6 years) beginning with immediate prior coverage working backwards for **each** applicant. If none, so state. Please answer fully for **each** applicant.

	Coverage Dates From and To mm/dd/yyyy – mm/dd/yyyy	Insurance Company	Limits (Each Claim/Aggregate)	Deductible	Applicable to Attorney(s) Lettered (from Q. 5)
1					
2					
3					
4					
5					
6					

8. Has or is any applicant (*for any “Yes” answers, please attach detailed explanation(s):*)

- a. Ever purchased an option for Extended Reporting for claims made after a prior policy has expired?  
Yes \_\_\_ No \_\_\_
- b. Been involved in preparing any disclosures for publicly offered securities? Yes \_\_\_ No \_\_\_
- c. Provided professional services on behalf of the Employer regarding any mergers or acquisitions?  
Yes \_\_\_ No \_\_\_
- d. Acting as a licensed title insurance agent (If “Yes,” please complete a supplemental application)?  
Yes \_\_\_ No \_\_\_
- e. Serving as a director or officer to the Employer, or to any entity wholly or partly-owned by the Employer? Yes \_\_\_ No \_\_\_
- f. Serving as a director, officer, trustee, partner, or employee of any customers of the Employer?  
Yes \_\_\_ No \_\_\_ **If “Yes,” coverage will not apply.**
- g. Owned any equity interest in any customer of the Employer? Yes \_\_\_ No \_\_\_
- h. Been canceled or non-renewed for Employed Lawyer’s professional liability insurance? Yes \_\_\_ No \_\_\_
- i. Been charged with a felony criminal offense? Yes \_\_\_ No \_\_\_
- j. Been reprimanded or refused admission to practice by any court or administrative agency?

Yes \_\_\_ No \_\_\_

- k. Disbarred or suspended (including voluntarily suspended) from practice? Yes \_\_\_ No \_\_\_
9. Does any third party, excluding the Employer, rely upon any professional services you provide to or on behalf of the Employer, including issuing opinions of counsel to customers? Yes \_\_\_ No \_\_\_
10. After reasonable inquiry, is any applicant aware of pending or prior D&O claims or litigation against directors and/or officers of the Employer? Yes \_\_\_ No \_\_\_
11. Within the last 6 years, has any professional liability claim been asserted or action been filed against any applicant, or filed against the Employer? Yes \_\_\_ No \_\_\_
12. Does any applicant or Employer know of any circumstance, act, error or omission which could result in a professional liability claim against any applicant, **whether or not a claim has actually been made?**  
Yes \_\_\_ No \_\_\_

**If "Yes," to questions 10, 11 and/or 12, please attach a copy of the notice to your insurance carrier, a description of the circumstance and complete a Supplemental Claim Information form.**

13. Business of Employer: Please include a copy of latest 10k, Annual Report, and/or other financial and descriptive information, such as an audited financial statement or opinion. If employer is a governmental entity, such documentation is not required.

**There is no coverage under OBLIC's policy for claims made and reported arising out of acts, errors or omissions during uninsured periods of time, or periods during which "occurrence" coverage applied.**

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.

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

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

\_\_\_\_\_  
Signature of Applicant or Authorized Agent of Applicant(s):

\_\_\_\_\_  
Date:

**WARNING: Any person who, with intent to defraud or knowing that he 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)**