

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

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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 15, 2024.

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

Applicants
Email Address

Requested Billing
Email Address

Insured's Preferred Point of Contact ☐ Email ☐ Mail ☐ Fax

The Company will provide policy information and notices to the Insured's Preferred Point of Contact.
The Insured's Preferred Point of Contact can be changed at anytime upon the completion and delivery of the appropriate form.

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, by June 15, 2024, with premium payment of \$125.00 per insured judge/justice to: OBLIC, 1650 Lake Shore Dr., Suite 285, Columbus, Ohio 43204

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Ohio Bar Liability Insurance Co.