

Application for Ohio Magistrate's Professional Liability Insurance

(Claims – Made and Reported Basis)

This Policy Does Not Apply to Professional Services Rendered to Others Beyond the Duties Imposed by the Employer

1. Full Name of Magistrate

2. Current Employer

Address

City

County

State

Zip

Business Phone

Fax Number

Email Address

3. Supreme Court No.

4. Member of the Ohio Association of Magistrates? ☐ Yes ☐ No

5. Effective Date Desired (MM/DD/YYYY)

For questions with "Yes" answers 6 through 9, please attach a detailed explanation.

6. Has any applicant ever been:

- a. Canceled or non-renewed for Magistrate's professional liability insurance? ☐ Yes ☐ No
- b. Charged with a felony criminal offense? ☐ Yes ☐ No
- c. Reprimanded or refused admission to practice by any court or administrative agency? ☐ Yes ☐ No
- d. Disbarred or suspended (including voluntarily suspended) from practice? ☐ Yes ☐ No

7. Is a complaint pertaining to 6b, c or d pending? ☐ Yes ☐ No

8. Within the last 6 years, has any professional liability claim been asserted or action been filed against any applicant? ☐ Yes ☐ No

9. Does applicant 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 8 and/or 9, please attach a copy of the notice to your insurance carrier, if any, a description of the circumstance and complete a Supplemental Claim Information form.

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/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)

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Ohio Bar Liability Insurance Co.