



### Supplemental Application to Remove Attorney from an Existing Policy

1. Please complete this form.
2. Fax this form to (405) 471-5381, email it to apps@oamic.com, or mail it to: PO Box 5590, Edmond, OK 73083-5590.
3. For questions, please call (405) 471-5380 or (800) 318-7505.

#### PART I

Firm Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

#### PART II

Name of Departing Attorney: \_\_\_\_\_ OBA Number: \_\_\_\_\_

Effective Removal Date from the Policy: \_\_\_\_\_

Reason attorney is being removed. Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#### PART III Forwarding Information (If Known)

Forwarding Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_

E-Mail: \_\_\_\_\_

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 with the Company.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person completing the request

\_\_\_\_\_  
Email for person completing the request