



Supplemental Application to Add Attorney to 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

Name of Applicant: _____ Male Female

Firm Name: _____ Policy Number: _____

PART II

Date to be Added: _____ Attorney's Email: _____

Date Admitted to the Oklahoma Bar: _____ OBA Number: _____

Additional State Licensed, year and bar number (if any): _____

Has the applicant ever been insured by OAMIC in the past? YES NO

If YES, please list the name of the firm(s): _____

PART III

A. Previous Employer/Firm: _____

B. Has the applicant ever been reprimanded by or refused admission to practice, disbarred or suspended from practice before any court or administrative agency, subject of a grievance or any complaint filed with the Oklahoma Bar Association, or any other Bar organization?

YES NO

If YES, please submit details: _____

C. Have any claims or suits been made against the applicant? YES NO

If YES, please submit details: _____

D. Does the applicant know of any circumstance, act, error or omission that could form the basis for the assertion of a claim? *You are answering the question, and if the applicant knows of such circumstance, act, error or omission and does not report it, coverage may be voided and/or excluded.*

YES NO

If YES, please submit details: _____

E. Has any insurance for the applicant been declined, cancelled, specially rated, had the deductible increased, policy limits decreased or subject to a special endorsement restricting coverage? YES NO

If YES, please submit details: _____

F. Are you a salaried employee of any entity other than the applicant firm? YES NO

If YES, please list employer and describe the nature of employment as well as percentage of total time devoted to this activity: _____

G. Are you a partner, associate or employee of another law firm other than the applicant firm?

YES NO If YES, please name firm: _____

H. Will the applicant be involved in securities regulatory practice? YES NO

If YES, please submit details: _____

PART IV

A. Has the applicant ever been convicted of a criminal offense other than traffic offenses?

YES NO If YES, please submit details: _____

B. Is the applicant abusing drugs, alcohol or any chemical substance, or suffering from emotional distress?

YES NO If YES, please submit details: _____

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.

It is understood and agreed that the completion of this application does not bind the Company to issue or the applicant to purchase the insurance.

Date of Application

Signature of Applicant