P.O. Box 5590
Edmond, OK 73083
405.471.5380
Toll-free: 800.318.7505
Website: OAMIC.COM

ADD ATTORNEY TO EXISTING POLICY

SUPPLEMENTAL APPLICATION

Please complete this form to the best of the firm's knowledge.

Firm Name: _____ Policy Number: _____

Name of Attorney: _____ Attorney's Email: _____

Date to be Added: _____ Previous Employer: _____

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

Additional State Licenses, including Year and Bar Number (if any): _____

Has the applicant ever been insured by OAMIC in the past? If yes, list the firm name(s). ☐ Yes ☐ No

_____

Have any disciplinary proceedings been brought by the Oklahoma Bar Association or any other state bar against this attorney? If yes, explain. ☐ Yes ☐ No

_____

Has any claim(s) been made against the attorney arising from the performance of professional services during the past 5 years? If yes, explain. ☐ Yes ☐ No

_____

Does the attorney know of any circumstance, act, error or omission that could form the basis for the assertion of a claim? If yes, explain. *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 or excluded.* ☐ Yes ☐ No

_____

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? If yes, explain. ☐ Yes ☐ No

_____

Are you a salaried employee, partner or associate of any entity other than the applicant firm? ☐ Yes ☐ No
If yes, name firm(s). _____

Will the applicant be involved in securities regulatory practice? If yes, explain. ☐ Yes ☐ No

_____

Has any lawyer at the firm been convicted of a felony or a crime involving moral turpitude in the last 5 years? If yes, explain. ☐ Yes ☐ No

_____

I hearby declare that the above statements and particulars are true and that I have not suppressed or misstated any material facts. I further agree that this application shall be the basis of the contract with the Company.

Print Name: _____ Email: _____

Signature: _____ Date: _____

Please return this form to:

P.O. Box 5590 • Edmond, OK 73083
or email it to **apps@oamic.com**