



ADD ATTORNEY TO EXISTING POLICY

SUPPLEMENTAL APPLICATION

Please complete this form to the best of the firm's knowledge and return it to:
P.O. Box 5590, Edmond, OK 73083, or email to apps@oamic.com

Firm Name: _____ Policy #: _____

New Attorney Name: _____ Attorney Email: _____

Date to be Added: _____ Previous Employer: _____

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

Has the new attorney ever been insured with OAMIC in the past? Yes No

If yes, list the firm name(s). _____

Have any disciplinary proceedings been brought by the Oklahoma Bar Association
or any other state bar against the new attorney? Yes No

If yes, please explain. _____

Has any claim(s) been made against the new attorney arising from the performance of
professional services during the past 5 years? Yes No

If yes, please explain. _____

Does the new attorney know of any circumstance, act, error or omission that could form
the basis for the assertion of a claim? *If the new attorney knows of such circumstance,
act, error or omission and does not report it, coverage may be voided or excluded.* Yes No

If yes, please explain. _____

Has any insurance for the new attorney been declined, canceled specially rated, had the deductible
increased, policy limits decreased or subject to a special endorsement restricting coverage? Yes No

If yes, please explain. _____

Is the new attorney a salaried employee, partner or associate of any entity other than
the applicant firm? Yes No

If yes, list the firm name(s). _____

Will the new attorney be involved in securities regulatory practice? Yes No

If yes, explain. _____

Has the new attorney been convicted of a felony or a crime involving moral turpitude
in the last 5 years? Yes No

If yes, explain. _____

I hereby 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: _____ Title: _____

Signature: _____ Date: _____