



CHANGE LIMIT / DEDUCTIBLE ON 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 #: _____

What is the current limit of liability on your existing policy? _____

Do you wish to change the current limit of liability on your existing policy? Yes No

What is the current deductible on your existing policy? _____

Do you wish to change the current deductible on your existing policy? Yes No

Please select the desired **new** option(s).

Limits of Liability Per Claim / Aggregate:

- \$100,000 / \$300,000
- \$200,000 / \$600,000
- \$500,000 / \$500,000
- \$1,000,000 / \$1,000,000
- \$2,000,000 / \$2,000,000
- \$3,000,000 / \$3,000,000
- \$4,000,000 / \$4,000,000
- \$5,000,000 / \$5,000,000
- \$10,000,000 / \$10,000,000

Deductibles:

- \$1,000
- \$2,500
- \$5,000
- \$10,000
- \$25,000
- \$50,000
- \$100,000

Effective Date Requested:

Please indicate the requested date to change the policy coverage details:

_____ MM/DD/YY

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: _____