



REMOVE ATTORNEY FROM EXISTING POLICY

SUPPLEMENTAL APPLICATION

Please complete this application 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 #: _____

Name of departing attorney: _____ OBA#: _____

Effective removal date: _____

Please explain reason for attorney's removal. _____

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: _____