



SHEEHAN HUTCHISON KEENAN

APPLICATION FOR "CLAIMS-MADE"

JUDICIAL PROFESSIONAL LIABILITY POLICY

NOTICE: THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE.

Name: _____

Address: _____

Telephone # (Chambers): _____ (Residence): _____

I presently handle cases in which Jurisdiction or Court:

List Bar and Judicial Associations of which you are a member:

How many years have you served in a judicial capacity? _____

Have any claims been made against you during the past 5 years alleging judicial misconduct? () yes () no. If "yes", attach a statement giving full particulars, including dates, indemnity & defense payments or reserves and final disposition.

Are you aware of any circumstances, or any allegations or contentions as to any incident which may result in a claim being made against you? () yes () no. If "yes", attach a statement giving full particulars.

The above statements are true. I agree that this application will be relied upon in determining the acceptability if the applicant and the application will be considered an integral part of the contract with Great American.

Signature of Applicant: _____

Date of Application: _____

Please return the application to: Sheehan Hutchison Keenan

Insurance & Risk Management Services

6805 Avery-Muirfield Drive

Dublin, OH 43016-7183

(614) 764-7000

FAX 764-7227

www.shkins.com