



**CHANGE LIMIT / DEDUCTIBLE ON EXISTING POLICY**  
SUPPLEMENTAL APPLICATION

Please complete this form to the best of the firm's knowledge and return it to:  
3900 S Boulevard, Edmond, OK 73013, or email to [apps@oamic.com](mailto: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: \_\_\_\_\_