



INCREASED LIMITS APPLICATION

1. Has any claim or suit, which would be covered by this insurance, been made against any entity qualifying as **you** under this policy? Yes No
 If "yes" please give details.

2. Does any entity qualifying as **you** under this policy or any predecessor firm have knowledge of any prior error, omission, negligent act, or any other circumstance(s) that is or could be a basis for a claim under this policy? Yes No
 If "yes" please give details.

3. What is the **new** Limit of Liability requested?
 Limits _____ Per Claim _____ Aggregate
 Deductible _____ Per Claim / Aggregate (Circle One)

4. Effective date requested for the change: ____/____/____
 Month Day Year

5. Reason for the change:

I/we hereby declare that the above statements and particulars are true and that I/we have not suppressed or miss-stated any material facts and I/we agree that this application shall be one basis of the contract with the Company.

It is understood and agreed that the completion of this application does not bind the Company to write the insurance nor the application to purchase the insurance.

Name of the Firm

Date of Application: ____/____/____
Month Day Year

Policy Number

Effective Date: ____/____/____
Month Day Year

Signature of Officer or Partner of the Firm

Print Name