

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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
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 (include copy of contract if increase is required by contract):

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