

## Request for Decrease in Coverage

I request to decrease my professional liability limits from \_\_\_\_\_ each claim \_\_\_\_\_ aggregate to \_\_\_\_\_ each claim \_\_\_\_\_ aggregate, effective \_\_\_\_\_.

I understand that lower limits will apply to any and all claims or incidents yet to be reported regardless of the limits that were in effect previously. These new limits will apply retroactively to my prior acts date of \_\_\_\_\_.

To the best of my knowledge, I am not aware of any incidents or unexpected adverse outcome resulting in injury or death, claim, potential claim or suit which I may become involved, including without limitation, knowledge of any injury arising out of the rendering or failing to render professional services which may give rise to a claim.

I hereby declare that the above statements and particulars are true and that I have not knowingly suppressed or misstated any material facts.

Note: Princeton Insurance Company Underwriting reserves the right to approve or reject **change requests** and/or **effective dates** based on the timing of your submission. If approved, the effective date of the change will be determined based upon the date requested and Underwriting discretion.

Named insured: \_\_\_\_\_

Policy number: \_\_\_\_\_

Signed name insured: \_\_\_\_\_

Date: \_\_\_\_\_

**Please read:**

- Please sign and return.

**Deliver to:**

**Fax:** 609-452-2230

**Postal Mail:** P.O. Box 5322, Princeton, NJ 08543

All adjustment requests are subject to Underwriting approval.  
Adjustment changes may incur a change in premium.