

Request for Decrease in Coverage

I request to lower my professional liability limits from _____ each claim _____ aggregate to _____ each claim _____ aggregate, effective _____.

I understand that decrease limits will apply to any services rendered on or after the approved effective date. Any services rendered prior to the approved effective date are subject to my prior policy limits.

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.