Professional Liability Increased Limits Application

Name Insured: _____

Agency Name: _____ Policy Number: _____

1. Please check the limits you are requesting:

   _____ $1,000,000/$3,000,000

   _____ $2,000,000/$4,000,000

2. The requested effective date of change: _____
   (Your increase, if approved, cannot be effective less than 60 days from the date of this application. The effective date cannot precede the date of the application.)

3. Please indicate your reason for requesting this increase: _____
   _____
   _____

4. Do you know of any circumstance, act, error or omission that could potentially result in a professional liability claim against you?
   _____ Yes _____ No
   If YES, please provide full details for each incident. Use a separate sheet if necessary. _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

All of the information above is true to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____

All changes are subject to final company approval.

All questions must be answered for change to be considered.