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

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