

Increased Limits Application



Named Insured: _____

Policy No. _____ Expiration Date of Policy _____

****Please complete this form in its entirety****

1. a). Within the past five (5) years have any claims been made or legal actions been brought against **you**? YES NO
- b). After inquiry, do any of **you** for which coverage is requested, have knowledge of any act, error or omission, fee dispute, incident or other circumstance that is or could be the basis for a claim under this proposed insurance policy? YES NO

If "Yes" to either 1 a) or b) above, complete the Claims Supplement for each Claim or circumstance.

2. What is the new Limit of Liability requested?

Limit \$ _____

Deductible \$ _____

3. Effective Date requested for change: _____

4. Reason for Increase: _____

If granted and evidenced by endorsement to this Policy, the increase Limit of Liability shall not apply to **Claims** that were first made against **you** prior to the effective date of the increased Limits of Liability or arising from **Covered Acts** that you knew or expect might give rise to a **Claim**.

REPRESENTATION: It is represented to **us**, that the information contained herein is true and that it shall be the basis of the endorsement attaching to this Policy of insurance and deemed incorporated therein, should **we** evidence its acceptance of this application by issuance of an endorsement to this Policy.

It is understood and agreed that the completion of this application does not bind the Company to provide the increased Limits of Liability nor the applicant to purchase the increased Limits of Liability.

Signature of Authorized Firm Representative Title Date