

## WEALTH ADVISERS PROFESSIONAL LIABILITY INSURANCE Increased Limits of Liability Supplement

1. Named Insured: \_\_\_\_\_
  - a. Policy No. \_\_\_\_\_
  - b. Expiration Date \_\_\_\_\_
2. New Limit of Liability requested: \$ \_\_\_\_\_ per claim / \$ \_\_\_\_\_ aggregate
3. New Deductible requested: \$ \_\_\_\_\_
4. Effective Date requested for change: \_\_\_\_\_
5. Reason for requested change:  
\_\_\_\_\_  
\_\_\_\_\_
6. Are **you** seeking an increase in limits due to a client requirement? Yes  No 
  - a. If "YES", attach a copy of the proposed client contract evidencing the required limits.
  - b. If "YES", is the client a publicly traded company? Yes  No 
    - i. Name of client: \_\_\_\_\_
    - ii. Services provided to client: \_\_\_\_\_
      1. If Attestation services, attach a copy of the proposed engagement letter.
7. In the past *five years*, have any claims or lawsuits been brought against **you**? Yes  No 
  - a. If "YES", complete a **Claim Supplement** for each instance
8. After inquiry, do any of **you** for which the new limits are requested herein have knowledge of any act, error, omission, fee dispute, client bankruptcy, incident, or other circumstances that is or could be the basis of a claim under this proposed insurance policy? Yes  No 
  - a. If "YES", complete a **Claim Supplement** for each instance



If granted and evidenced by endorsement to this Policy, the increased 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 reasonably expected 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 and is incorporated therein should **we** evidence its acceptance of this supplemental application by issuance of an endorsement to this Policy.

It is understood and agreed that the completion of this supplemental application does not bind **us** to provide the increased Limits of Liability nor **you** to purchase the increased Limits of Liability.

Signature of Applicant: \_\_\_\_\_

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

Title: \_\_\_\_\_

Firm: \_\_\_\_\_