

ACCOUNTANTS & CONSULTANTS PROFESSIONAL LIABILITY 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 increase: _____
 a. If a "client requirement", is the client a publicly traded company? Yes No
 i. If "YES", provide client name: _____
 ii. If "YES", describe services to be provided to client:

 1. If "Attestation" services, attach a copy of the proposed engagement letter.
6. 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
7. 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: _____