

LAWYERS PROFESSIONAL LIABILITY Increased Limits Supplement

1. Name of Applicant or Insured: _____

2. Policy Number: _____ Policy Expiration Date: _____

3. New Limit of Liability and/or Deductible requested:
 - a. Per Claim Limit of Liability: \$ _____
 - b. Aggregate Limit of Liability: \$ _____
 - c. Deductible: \$ _____

4. Effective Date requested for this change: _____

5. Reason for the request:

6. In the past five (5) years, have any claims been made or any legal actions brought against **you** (if "YES" complete the **Claim Supplement** for each matter)? Yes ___ No ___

7. After inquiry, are any of **you** aware of any act, error, omission, incident, fee dispute, facts, or circumstances, that is our could be the basis of a claim against **you** (if "YES" complete the **Claim Supplement** for each matter)? Yes ___ No ___

NOTICE: If the request contained in this Supplement is granted and evidenced by an Endorsement to the Policy, the increased Limit of Liability shall not apply to any **claims** that were first made against **you** prior to the effective date of the increased Limits of Liability nor to any **claims** arising from **covered acts** that **you** knew or reasonably expected might give rise to a **claim**.

Signature of Applicant: _____ Date: _____