



INCREASED LIMITS APPLICATION

Named Insured Firm: _____

1. What is the Limit of Liability being requested? _____ Per Claim _____ Aggregate
2. What is the effective date requested for this increase in limits? _____
3. Has any claim or suit been made against the Named Insured, any predecessor firm or against any current or former lawyer while affiliated with the Firm not yet reported to the Company? Yes No *If yes, complete a claim supplement.*
4. Is any lawyer in the Firm aware of an act or omission that may reasonably be expected to be the basis of a claim against them, the Firm, any predecessor, or against any current or former lawyer of the Firm while affiliated with the Firm that has not been reported to the Company? Yes No *If yes, complete a claim supplement.*

DIRECTIONS: - If this request is the result of a client requirement for limits of liability needed to perform legal services to such client, complete **Section A**.
 - If this request is for any other reason, complete **Section B**.
 - All requests must be currently signed and dated by a principal of the Firm.

Section A – Client Requirement

1. Provide a copy of the client's requirements outlining the limits required to perform services to such client. Attached
Note: a casual email from the client is not an acceptable form of proof of limits requirement.
2. Is this request from a current, new or potential client of the Firm? New Current Potential
3. What type of legal services are/will be provided to this client? _____
4. What are annual/anticipated annual revenues generated from this client? _____
5. What percentage of the Firm's legal services are/will be provided to this client? _____
6. List all states the Firm renders/will render legal services to this client. _____
7. Provide the average case size handled/anticipated to be handled for this client. _____
8. Provide a copy of the engagement letters used for this client. Attached
9. Are Firm's engagement letters for this client:
 - a. used for each matter/new matter assigned by the client? Yes No *If no, explain via attachment.*
 - b. under a Master Engagement Agreement with written update to scope of representation for each matter assigned? Yes No *If no, explain via attachment.*

Section B – Other Requirement

1. Fully detail the reason for requesting a mid-term increase in the Named Insured's limit of liability.

I/we hereby declare that the above statements and particulars are true and that I/we have not suppressed, omitted, or misstated 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 approve the increased limits request or the Applicant to accept and purchase the increased limits.

Policy Number: _____

Policy Effective Date: _____

Signature of Officer/Partner of Firm: _____

Signature Date: _____