



INCREASED LIMITS / DEDUCTIBLE CHANGE QUESTIONNAIRE

Firm Name: _____ Policy Number: _____

1. Has any claim or suit that would be covered by this insurance been made against any insured under this policy which has not been previously reported to the Company?
 Y* N *Complete AE Claim Questionnaire

2. Do you or any principal, partner, member, officer, director or shareholder of your firm have knowledge of any error, act, omission, unresolved job dispute, accident or any other circumstance that is or could be the basis for a claim under the proposed professional liability insurance policy?
 Y* N *Complete AE Claim Questionnaire

3. What Limit of Liability/Deductible do you wish to change?

Per Claim Limit: \$	Aggregate Limit: \$
Deductible Amount: \$	Deductible Aggregate: \$
Deductible Type:	

All Applicants: Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof
2. This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and
3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage for each Applicant who had a basis to believe that any such act, error, omission or circumstance might reasonably be expected to be the basis of a claim.
4. The policy applied for provides coverage on a claims made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Company during the policy period. Claims expenses are within and reduce the limit of liability.

NOTICE: IN CERTAIN STATES, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Print Name

Title

Signature

Date

Questionnaire must be signed by an owner, officer, partner or principal of the Applicant.