



Policyholder's Supplemental Application For Increased Limits

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

Full Name Of Applicant: _____ Title: _____

Business Name: _____

1. After reasonable inquiry the undersigned authorized agent of the Insured warrants that there are no claims or losses or any facts, circumstances, situations, incidents, conditions, defects or suspected defects which might afford grounds for any claim and for which coverage may be afforded by the policy referenced above and any proposed endorsements, other than that which has been disclosed or reported to the insurer or its underwriting manager and the following:

If none, check here .

2. Check all reasons for increasing limits:

Recommendation of business advisor

New contract with new client requiring higher limits (Attach copy of contract.)

New contract not requiring higher limits

Other (Describe): _____

3. Provide estimated annual gross revenues for the next twelve months: \$_____

4. Describe any change in professional services being performed from what currently appears in policy:

NOTE: This Supplement becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued.

Must be signed by director, executive officer, partner or equivalent within 60 days of the proposed effective date.

Applicant's signature: _____ Date: _____

Agent's signature: _____ Date: _____

(Florida only) Agent license number: _____