

LIMIT OR DEDUCTIBLE CHANGE REQUEST SUPPLEMENT

- INSTRUCTIONS: 1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation. 2. If a question is not applicable, state "N/A". If more space is required to answer a question, please provide details on the last page of the Application, or attach additional sheets as necessary. 3. Please sign this supplement to include this completed form as part of the Application.

Named Insured/ Applicant: _____

Requested effective date of change: _____

1. Requested Limits: _____

2. Requested Deductible: _____

3. Is this change needed for legal services for just one client? YES [] NO []

4. Reason for the Change? _____

- 5. After inquiry, has the Named Insured or any attorney to be insured under this policy:
a. been the subject of a professional liability claim or suit, or entered a tolling agreement with a client with respect to a threatened professional liability claim, since the Named Insured signed its last application? YES [] NO []
b. have knowledge or information of any fact, circumstance or actual or alleged act, error or omission which may reasonably be expected to give rise to a professional liability claim(s) under the policy? YES [] NO []

If yes to any of the above, complete the Claim Supplement.

It is understood and agreed that, without limiting any rights of the underwriter, if such knowledge or information exists, any claim arising therefrom is excluded from this proposed insurance.

SIGNED: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____