

[ ] American Home Assurance Company  
c/o American Professional Agency, Inc.  
95 Broadway  
Amityville, NY 11701

NAME: \_\_\_\_\_

Date: \_\_\_\_\_

Account #: \_\_\_\_\_

To Whom it May Concern:

I wish to increase my Limits of Liability on my Student Professional Liability Policy

# \_\_\_\_\_ from \$ \_\_\_\_\_ to

\$ \_\_\_\_\_.

For your underwriting purposes:

"I HEREBY WARRANT THAT I AM NOT AWARE OF ANY ACT, ERROR OR OMISSION, WHICH MIGHT REASONABLY BE EXPECTED TO GIVE RISE TO A CLAIM UNDER THIS POLICY."

"I UNDERSTAND THAT THIS LETTER WILL BE ATTACHED TO AND BECOME PART OF THE SAID POLICY."

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date

**Please make check payable to:**

**American Professional Agency, Inc.**

**Mail to:**

**American Professional Agency, Inc.  
95 Broadway  
Amityville, NY 11701**