

[] 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**