

[ ] Darwin National Assurance

[ ] Allied World Specialty Insurance Company

C/O American Professional Agency  
95 Broadway  
Amityville, NY 11701-9010

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

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

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

To Whom it May Concern:

I wish to increase my Limits of Liability on my 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