

ALLIED WORLD INSURANCE COMPANY  
C/O American Professional Agency, Inc.  
95 Broadway  
Amityville, NY 11701

Name: \_\_\_\_\_

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

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

RE: Request for Extended Reporting Period Endorsement

I wish to purchase the Extended Reporting Period Endorsement for Policy # \_\_\_\_\_ and  
have enclosed the additional premium of \$ \_\_\_\_\_ as required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date