

- () Allied World Insurance Company
- () Darwin National Assurance Company
- () Allied World Specialty Insurance 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 Professional Liability Insurance
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”.

Signature of Named Insured

Date