

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

- \$1,000,000/1,000,000     \$1,000,000/3,000,000     \$1,300,000/3,900,000  
 \$2,000,000/4,000,000     \$2,000,000/6,000,000

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

PY-PNP-INCREASEWARRANTY-NY