

- ( ) 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 Who 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