

Underwritten by:  
Allied World Insurance Company

C/O American Professional Agency, Inc.  
95 Broadway  
Amityville, NY 11701

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

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

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

To Whom it May Concern:

The above named Social Service Agency wishes to increase its Limits of Liability on the 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.”

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Agency – Increase Warranty