

Allied World 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 Social Worker Professional Liability
Policy # _____ from \$ _____ to

\$1,000,000/3,000,000 \$1,000,000/4,000,000 \$1,000,000/5,000,000

\$2,000,000/2,000,000 \$2,000,000/4,000,000

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