

APPLICATION UPDATE LETTER

(Must be on applicant's letterhead)

TO:

(Broker Name)
(Broker Address)

**RE: Insurance Agents & Brokers Errors & Omissions
Liability Insurance Policy**

This will acknowledge that, after inquiry, I/we am/are not aware of any actual or alleged claim(s), circumstance(s), situation(s), act(s), error(s), omission(s), misstatement(s), misleading statement(s), Personal Injury, neglect or breach of duty to provide Professional Services which may reasonably be expected to result in a claim against the Applicant Agency or any other person or entity proposed for coverage under this policy since the completion of our application dated _____.

This will also confirm that there have been no material changes to any of the responses provided on that application.

I/We declare the above statements to be true.

I/We understand and accept that this letter shall be relied upon by Lexington Insurance Company and/or New Hampshire Insurance Company and is material to its agreement to provide the coverage requested and shall become a part of the above referenced policy.

Name of Applicant (print or type)

Signature of Partner, Owner or Principal

Title

Date