

Increased Limits Questionnaire

Insured: _____

Policy #: _____

Policy Dates _____ To _____

1. What limit of coverage are you seeking?

COVERAGE	LIMIT	RETENTION
D&O	\$	\$
EPL	\$	\$
Fiduciary	\$	\$

2. Why is an increase in the coverage needed? _____

3. Has any claim or suit been made against any insured under this policy?

Yes _____ No _____

If 'yes', give details. _____

4. Does any insured or any predecessor have knowledge of any prior error, omission, negligent act, unresolved dispute, or other circumstance(s) that is or could be a basis for a claim under this policy?

Yes _____ No _____

If 'yes', give details. _____

5. Are you aware of any claims or occurrences which may give rise to a claim under the proposed policy as of the requested date of change to the present date?

Yes _____ No _____

If 'yes', give detail _____

We are not aware of any claims or occurrences which may give rise to a claim under the proposed policy from _____ to present date.
(Date coverage requested)

It is understood and agreed that the completion of this application does not bind the Company to write the insurance or the applicant to purchase the insurance.

THIS APPLICATION MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR EXECUTIVE DIRECTOR OF THE INSURED

SIGNATURE:	DATE:
PRINT NAME:	TITLE: