



INCREASE OF LIMITS

OCCURRENCE

Named Insured: _____

Policy Number: _____

Policy Period: _____

Effective _____ I request that you increase my Professional Liability Protection coverage occurrence limits to \$ _____ per patient and \$ _____ total limit from the existing limits of \$ _____ per patient and \$ _____ total limit.

Finally, I acknowledge that all other terms and conditions of my policy will remain in effect.

Named Insured's Signature

Retroactive Date

Date

Policy Number