

## Limits of Liability Change Request

Complete and sign this form to request a change in Limits of Liability.

Firm: \_\_\_\_\_ Policy # (if known): \_\_\_\_\_

1. Limits of liability sought (listed below as per claim/aggregate.):

- |   |   |
|---|---|
| <input type="radio"/> \$ 500,000/\$ 500,000   | <input type="radio"/> \$2,000,000/\$4,000,000 |
| <input type="radio"/> \$ 500,000/\$1,000,000  | <input type="radio"/> \$3,000,000/\$3,000,000 |
| <input type="radio"/> \$1,000,000/\$1,000,000 | <input type="radio"/> \$4,000,000/\$4,000,000 |
| <input type="radio"/> \$1,000,000/\$2,000,000 | <input type="radio"/> \$5,000,000/\$5,000,000 |
| <input type="radio"/> \$2,000,000/\$2,000,000 | <input type="radio"/> Higher \$ _____         |

2. Desired effective date of new limits: \_\_\_\_\_

3. Reason new limits are sought:

Be advised that no professional liability claim or suit has been made against the undersigned, any lawyer of the Firm, the Firm or any Predecessor Firm other than those already reported in writing to ISBA Mutual Insurance Company. Predecessor Firm means any law firm or professional legal corporation of which the majority of lawyers are affiliated with the Named Insured and is identified on the Application, or any firm which qualified as a Predecessor Firm under a policy previously issued by the Company. Named Insured is the person or law firm identified in Item 2 of the Declarations.

In addition, no disciplinary complaints, grievances, requests for an investigation of a lawyer, or inquiries to any administrative agency, court, regulatory body, or disciplinary body have been made against the undersigned, any lawyer of the Firm, the Firm or any Predecessor Firm other than those already reported in writing to ISBA Mutual Insurance Company. No sanctions motion has been filed against, deposition sought, or records subpoena received by the Firm or any lawyer of the Firm other than those already reported in writing to ISBA Mutual Insurance Company.

After inquiry of each person provided insurance under this Policy, the undersigned and the lawyers of the Firm have no knowledge of any incident, circumstance, act, error, or omission which may give rise to a claim being made against the undersigned, any lawyer of the Firm, the Firm or any Predecessor Firm other than those already reported in writing to ISBA Mutual Insurance Company.

It is agreed this this warranty attaches to and becomes a part of the Policy and is the basis for the change of the Limits of Liability for the referenced Policy of Insurance.

I/We affirm that after an inquiry of all lawyers of the Firm, the information contained herein is true and complete to the best of my/our knowledge and that it shall be the basis of the Policy of insurance and/or endorsement and deemed incorporated therein.

Signature of Owner, Partner or Officer (Lawyer Only) \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_