



Princeton Insurance Company
 746 Alexander Road
 Princeton, New Jersey 08540-6305

Form: PL-0038 Edition 8/99

Professional Liability Increased Limits Application

Named Insured: _____

Agency Name: _____ Policy Number: _____

1. Please check the limits you are requesting:

- | | | |
|--|--|--|
| <input type="checkbox"/> \$1,000,000/\$3,000,000 | <input type="checkbox"/> \$4,000,000/\$6,000,000 | <u>Virginia Only</u>
<input type="checkbox"/> \$2,000,000/\$6,000,000 |
| <input type="checkbox"/> \$2,000,000/\$4,000,000 | <input type="checkbox"/> \$5,000,000/\$7,000,000 | <input type="checkbox"/> \$3,000,000/\$9,000,000 |
| <input type="checkbox"/> \$3,000,000/\$5,000,000 | <input type="checkbox"/> \$6,000,000/\$8,000,000 | <input type="checkbox"/> \$5,000,000/\$15,000,000 |
| | | <input type="checkbox"/> \$6,000,000/\$18,000,000 |

2. The requested effective date of change: _____
 (Your increase, if approved, cannot be effective less than 60 days from the date of this application. The effective date cannot precede the date of the application.)

3. Please indicate your reason for requesting this increase. _____

4. Do you know of any circumstance, act, error or omission that could potentially result in a professional liability claim against you? Yes No

If YES, please provide full details for each incident. Use a separate sheet if necessary. _____

All of the information above is true to the best of my knowledge and belief.

Signature of applicant _____ Date _____

All increases are subject to company approval.

All questions must be answered for change to be considered.