



Increased Limits Questionnaire

Insured:		Policy #:			
			Policy DatesTo		
1.	What limit of coverage are	you seeking?			
	COVERAGE	L	IMIT	RETENTION	
D&O		\$		\$	
EPL		\$		\$	
Fiduo	•	\$		\$	
Crime	9	\$		\$	
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 details:				
We are not aware of any claims or occurrences which may give rise to a claim under the proposed policy from to present date.				nder the proposed	
	(Date coverage requested)				
	derstood and agreed that the		cation does not bind	the Company to write the insurance or	
uie app	nicant to purchase the insura	arice.			
THIS APPLICATION MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR EXECUTIVE DIRECTOR OF THE INSURED					
	ATURE:		,	DATE:	
PRIN ⁻	Г NAME:			TITLE:	