

American Home Assurance Company
 Granite State Insurance Company
c/o American Professional Agency, Inc.
95 Broadway
Amityville, NY 11701

NAME: _____

Date: _____

Account #: _____

To Whom it May Concern:

I wish to increase my Limits of Liability on my Social Worker Professional Liability policy
_____ from \$ _____ to
\$ _____.

For your underwriting purposes:

"I HEREBY WARRANT THAT I AM NOT AWARE OF ANY ACT, ERROR OR OMISSION,
WHICH MIGHT REASONABLY BE EXPECTED TO GIVE RISE TO A CLAIM UNDER THIS
POLICY.

"I UNDERSTAND THAT THIS LETTER WILL BE ATTACHED TO AND BECOME PART
OF THE SAID POLICY."

Signature of Named Insured

Date