

Professional & Business Liability Insurance Decrease Limits Form

Please change/add the following coverage:

Desired Effective Date:

Professional & Business Liability Limits

Please change my existing limits to:

- _____ \$500,000 each claim/\$1,500,000 aggregate per policy year
- _____ \$1,000,000 each claim/\$3,000,000 aggregate per policy year
- _____ \$1,500,000 each claim/\$4,500,000 aggregate per policy year
- _____ \$3,000,000 each claim/\$3,000,000 aggregate per policy year
- _____ \$5,000,000 each claim/\$5,000,000 aggregate per policy year

Policyholder Name (please print)

Policy No.

E-Mail Address

Fax Number

Policyholder Signature

Date