Princeton Insurance
a MedPro/Berkshire Hathaway company

Request for Increase in Coverage

I request to increase my professional liability limits from _____ each claim _____ aggregate to _____ each claim _____ aggregate, effective _____.

I understand that the increase in limits will apply to any and all claims or incidents yet to be reported regardless of the limits that were in effect previously. These new limits will apply retroactively to my prior acts date of _____.

☐ Yes ☐ No Do you have knowledge of any claims, potential claims, or suits in which you may become involved, but have not previously reported to the Princeton Insurance Company?

☐ Yes ☐ No Since your retroactive date, has any non-hospital peer review organization notified you that they were investigating your care of any patient?

☐ Yes ☐ No Since your retroactive date, has any hospital peer review committee reviewed one or more of your cases?

☐ Yes ☐ No Since your retroactive date, have your hospital privileges been restricted, suspended, revoked or denied?

☐ Yes ☐ No Since your retroactive date, has your medical/dental license been restricted, suspended or revoked?

To the best of my knowledge, I am not aware of any incidents or unexpected adverse outcome resulting in injury or death, claim, potential claim or suit which I may become involved, including without limitation, knowledge of any injury arising out of the rendering or failing to render professional services which may give rise to a claim.

I hereby declare that the above statements and particulars are true and that I have not knowingly suppressed or misstated any material facts.

Note: Princeton Insurance Company Underwriting reserves the right to approve or reject **change requests** and/or **effective dates** based on the timing of your submission. If approved, the effective date of the change will be determined based upon the date requested and Underwriting discretion.

Named insured: _____

Policy number: _____

Signed name insured: _____

Date: _____

Please read:	**Deliver to:**
• Please sign and return.	**Fax:** 609-452-2230 **Postal Mail:** P.O. Box 5322, Princeton, NJ 08543

All adjustment requests are subject to Underwriting approval.
Adjustment changes may incur a change in premium.