Professional SOLUTIONS

Request for Policy Limit Change

GENERAL INFORMATION

Name: _____
First Middle Initial Last

Policy Number: _____

Mailing Address: _____
Street Address City State Zip

Office Phone: _____ Fax: _____ Cell Phone: _____

Email: _____
Your email address will never be sold. It will be used to send you important messages.

POLICY LIMIT CHANGE INFORMATION

1. Please increase/decrease the limits of liability on my Professional Solutions Professional Liability Insurance Policy to: (Note: Limits of coverage are per claim/aggregate per policy period.)

○ $100,000/$300,000	○ $200,000/$600,000	○ $250,000/$750,000
○ $500,000/$1 Million	○ $1 Million/$3 Million	○ $2 Million/$4 Million

Additional limits available in Michigan:	○ $500,000/$1.5 Million	○ $1 Million/$1.5 Million
The only limits available in Kansas:	○ $500,000/$1.5 Million	

2. Please specify reason for change request: _____

_____

_____

PLEASE READ, SIGN AND DATE

I hereby authorize Professional Solutions to change the limits of liability for my malpractice insurance coverage as indicated above. I understand that if I fax my request for a limit increase to Professional Solutions, this change will be effective on the following day if approved. All other changes will be made effective the same day of receipt if approved, unless I request otherwise.

Also, I have no knowledge of any claims or incidents of potential malpractice which may have occurred that I have not yet reported to any insurance carrier.

Residents of Kansas: Any person who knowingly and with intent to defraud any insurance company or other person by presenting any written statement as part of an application for insurance, the rating of an insurance policy, or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto has committed a fraudulent insurance act.

Residents of Ohio: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Residents of Oklahoma: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of any insurance policy containing false, incomplete or misleading information is guilty of a felony.

Professional SOLUTIONS

Request for Policy Limit Change

Name: _____

Residents of all other states: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim concealing or containing any materially false information, for the purpose of misleading, information concerning any fact material thereto or knowingly helps with intent to defraud, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

By signing this application, I certify and attest that the statements, information, and answers provided herein are true and accurate. I understand that Professional Solutions Insurance Company shall rely upon the statements, information, and answers provided on this application to determine whether to accept this application for insurance and, if the application is accepted, to determine at what rate to insure.

Coverage offered by Professional Solutions Insurance Company.

X _____ **Date** _____
Signature

X _____ **Date** _____
Agent Signature

Professional SOLUTIONS

Mail to:
14001 University Avenue
Clive, Iowa 50325-8258
Email: submissions@psicinsurance.com

Questions:
Phone: 800-788-8540
Fax: 800-510-6370