

## REQUEST TO INCREASE PROFESSIONAL LIABILITY LIMITS

Please increase my professional liability limits to (check one):

- \$1,000,000 each claim/\$3,000,000 annual aggregate
- \$2,000,000 each claim/\$4,000,000 annual aggregate
- \$3,000,000 each claim/\$5,000,000 annual aggregate
- \$4,000,000 each claim/\$6,000,000 annual aggregate
- \$5,000,000 each claim/\$7,000,000 annual aggregate

I know of no incident or notification from a patient or patient's attorney, oral or written threat of legal action, subpoena, summons and complaint or any other indication that leads me to believe a malpractice claim or suit will be lodged against me arising from professional services rendered or which should have been rendered, which has not been reported to MIEC.

I warrant that the above statement is true and complete, and that no information which is calculated to influence MIEC's judgment in considering this request to increase my professional liability limits has been withheld.

If your request to increase professional liability limits is approved, MIEC will advise you of the effective date and will bill the additional premium.

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*Signature*

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*Date of Signature*

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*Print Name*