

# Liability Limit Increase Endorsement Request Form

Policy Number

Insured Name

Effective Date of Endorsement

Current Liability Limits

e.g. \$500,000

Requested Increased Liability Limits

e.g. \$1,000,000

Reason for Increase

Additional Information (if any)

Insured's Signature

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Date

Agent/Broker Signature

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Date