

**Increasing Limits Declaration Form
for Canadian Therapist Liability Insurance**

Date: _____

Holman Insurance Brokers Ltd.
101-3100 Steeles Avenue East
Markham ON L3R 8T3

Named Insured: _____

Policy Period: _____

Policy Number: _____

To Whom It May Concern:

This letter shall serve to warrant that the individual insured has no knowledge or information of any act, omission, fact, or circumstance which may give rise to a claim under the above captioned policy.

In consideration of said warranty, the applicant hereby requests that the current policy limits under the applicant's current Certificate of Insurance be increased to:

\$ _____ Limit per Claim

\$ _____ Aggregate per Policy Period

*Effective date of increase in limits to be the date upon which Canadian Therapy program administrator, receives and approves the change in limits on behalf of the insurer., Lloyd's.

It is agreed that this warranty shall be attached to and become part of the policy.

Signature: _____
Named Insured

Title: _____

Date: _____