

pbs
INSURANCE
UNDERWRITING
CORPORATION

NO ADVERSE CHANGE LETTER

PERSON WHO SIGNED APP: _____

C/O FIRM: _____

ADDRESS: _____

PLEASE BE ADVISED THAT NO PROFESSIONAL LIABILITY CLAIMS OR SUITS HAVE BEEN MADE AGAINST THE UNDERSIGNED OR AGAINST THE FIRM OR ANY PREDECESSOR FIRM BETWEEN THE DATE OF MY/OUR ORIGINAL APPLIATION AND THE DATE OF THIS LETTER OTHER THAN THOSE ALREADY REPORTED TO THE COMPANY. ALSO, AFTER INQUIRY OF EACH PERSON PROPOSED FOR INSURANCE, THE INSURED HAS NO KNOWLEDGE OF ANY INCIDENT, CIRCUMSTANCE, ACT, ERROR, OMISSION OR PERSONAL INJURY WHICH MAY GIVE RISE TO A CLAIM BEING AGAINST THE FIRM OR ANY PREDECESSOR FIRM. THIS WILL ALSO CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE THE INFORMATION GIVEN ON THE APPLICATION IS UNCHANGED SINCE IT WAS COMPLETED. IT IS AGREED THAT THIS WARRANTEE ATTACHES TO TAND BECOMES PART OF THE POLICY AND IS THE BASIS FOR THE COVERAGE.

SIGNATURE: _____

DATE: _____