



**Request for Decreased Limits of Liability**

I hereby request a decrease in the limits of liability for my First Professionals Insurance Company (FPIC) professional liability coverage, as follows:

from \$ \_\_\_\_\_ per claim/\$ \_\_\_\_\_ aggregate  
to \$ \_\_\_\_\_ per claim/\$ \_\_\_\_\_ aggregate  
effective \_\_\_\_\_

I understand the lower limits will apply to any and all claims or incidents yet to be reported regardless of the limits that were in effect at the time, all subject to my prior acts/retroactive date of \_\_\_\_\_.  
Prior Acts/Retroactive Date

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Print Name of Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policy Number & License Number

**Return Application to:**  
FPIC  
1000 Riverside Avenue, Suite 800  
Jacksonville, Florida 32204  
Mailing Address: P. O. Box 44033  
Jacksonville, Florida 32231-4033  
904-354-5910 • 1-800-741-3742  
Fax: 904-358-6728  
[www.firstprofessionals.com](http://www.firstprofessionals.com)