



# FARMERS® SPONSORED GROUP E&O PROGRAM LIMIT INCREASE REQUEST FORM

**Complete this form only if you wish to increase your E&O limits (additional premium applies)**

Agent Name \_\_\_\_\_

Agent Number: \_\_\_\_\_

Limits of Liability Requested: ☐ \$2,000,000 Each Claim/\$2,000,000 Aggregate Each Agent  
☐ \$3,000,000 Each Claim/\$3,000,000 Aggregate Each Agent  
☐ \$4,000,000 Each Claim/\$4,000,000 Aggregate Each Agent  
☐ \$5,000,000 Each Claim/\$5,000,000 Aggregate Each Agent

Requested Effective Date of Midterm Limits Change: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YY)

**IMPORANT: Requested Effective Date must coincide with Reason for Limit Increase below. This form must be received within 30 days of the Effective Date of Midterm Limits Change.**

Select one of the reasons for Midterm Limit Increase below:

☐ Adding an Agency Producer to my agency staff.

Agency Producer Name: \_\_\_\_\_  
First Last

☐ Adding a licensed staff member to my agency staff (provide copy of employee's license).

☐ Required to carry higher limits by a third party such as an insurance carrier or loan company.

Company Requiring Higher Limits: \_\_\_\_\_

Deductible Buy Back Endorsement:

☐ I would like to add the deductible buy back endorsement for an additional \$25 per month.

Answer each of the following questions by checking the appropriate box:

1. Have you been the subject of disciplinary action by any insurance authority?  
(If "Yes", attach full details) ☐ Yes ☐ No
2. Has any policy or application for E&O insurance or reinsurance on your behalf ever been declined, canceled, or renewal refused within the last five years?  
(If "Yes", attach full details) ☐ Yes ☐ No
3. Have any E&O claims been made against you within the last ten years?  
(If "Yes", attach full details stating nature of claim, date of claim, loss payments, E&O carrier handling claim, etc.) ☐ Yes ☐ No
4. Are there any circumstances which may result in any E&O claim(s) being made against you?  
(If "Yes", attach full details) ☐ Yes ☐ No

**If you answered "Yes" to any questions above, your request is not guaranteed and will be subject to carrier approval.**

It is understood and agreed that any claims or circumstances described above, or any claims that are interrelated or arising out of the same facts as those listed above, are excluded from coverage under the E&O policy for which I am applying for increased limits of liability. Furthermore, I am not aware of any additional claims, other than those listed above or any acts, errors or omissions which could reasonably be the basis of a claim for which this policy provides coverage. I understand that premium must be paid continuously through my monthly folio deduction for coverage to apply and depending on the date this request is processed I may receive a supplemental folio deduction in the following month.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email form to: [farmers@calsurance.com](mailto:farmers@calsurance.com)