TUDOR INSURANCE COMPANY
A Member Company of the Western World Insurance Group

SUPPLEMENT
INCREASED LIMITS ADDENDUM

Completion of this form does not constitute a change in policy limits.

1. Name of Insured: _____

   Policy Number: _____

2. Requested Limit: _____

   Reason for Requested Limit: _____

   _____

   _____

3. Claim Warranty

   The undersigned declares that no claim has been made (except claims, if any, previously disclosed on any application submitted to Tudor or any claim reported to Tudor), nor is any claim now pending, nor is any person proposed for this insurance aware of any fact, circumstance or situation which may result in a claim against the organization or any other individual insureds.

   Signature _____

   Chairman of the Board, President, Principal or Partner

   Title _____

   Date _____