

**Decreasing 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:

I hereby request a reduction in my policy limits under the captioned policy number, and in so doing, understand that I am lowering my limits of liability insurance for all past acts, as well. I understand that any claims brought based on business I conducted while I had higher limits of coverage will now only be covered for the lower limit of liability.

I request that the current policy limits under my policy of Insurance be decreased to:

\$ _____ Limit per Claim

\$ _____ Aggregate per Policy Period

*Effective date of decrease in limits to be the date upon which Canadian Therapy program administer, 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: _____