



TO: Lawyer's Protector Plan®

RE: Update Letter / Lawyers Professional Liability Insurance for Aspen American Insurance Company

FIRM NAME: _____

This letter is to acknowledge that, after inquiry and as of the date of this letter, no attorney in the above named firm is aware of a professional liability claim, and/or any circumstances, acts, errors or omissions that may reasonably be expected to be the basis of a professional liability claim, being made against the firm, any predecessor firm, or against any current or former attorney of the firm while affiliated with the firm, since the firm's application for insurance was signed on _____. The firm acknowledges that its failure to report any such claim, and/or circumstances, acts, errors or omissions that may result in a claim, to its current insurance carrier prior to the expiration of such policy or under any extended reporting period provided by such policy, may result in a lack of coverage.

This letter also acknowledges the firm's continuing obligation to report to the Company as soon as practicable any material changes in the information provided to the Company in the firm's application and in this letter, after signing the firm's application and continuing through the date hereof until the policy is issued, and that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

BY: _____
Signature of Officer or Partner of Firm

TITLE: _____

DATE: _____