

Application for Increase of Cover

Name:	Membership No.:
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Chambers' address:

Email address:

Present Limit of Cover: £

I wish my Limit of Cover to be increased to: £

With effect from (date):

I have notified the Managers, or enclose notice herewith, of any claims made against me or any intimation received from any person of any intention to make a claim against me.

Signed:	Dated:
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Please return your completed form to 'The Managers' at the above address or by email to info@barmutual.co.uk