

Bar Mutual Indemnity Fund Limited 90 Fenchurch Street London EC3M 4ST DX: CDE621

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## Application for Increase of Cover

Name:	Membership No.:
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:

Please return your completed form to 'The Managers' at the above address or by email to <a href="mailto:info@barmutual.co.uk">info@barmutual.co.uk</a>

