

## 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 [info@barmutual.co.uk](mailto:info@barmutual.co.uk).**