

ACCOUNTANTS & CONSULTANTS PROFESSIONAL LIABILITY

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M.)	NAMED INSURED

Outside Organization Directors & Officers Endorsement – Illinois

This endorsement modifies coverage provided under the Accountants & Consultants Professional Liability Insurance Policy.

We agree with **you** that in consideration of an additional premium paid as stated in this Endorsement, this Policy is amended as follows:

A. The following is added to Paragraph 1.2 Additional Coverages of Section 1. INSURING AGREEMENTS

Not-For-Profit Organization Directors' and Officers' Defense Expenses Coverage

We shall pay on behalf of the **Not-For-Profit Insured**, all **Defense Expenses** that the **Not-For-Profit Insured** shall be legally obligated to pay, arising from any **Claim** first made against the **Not-For-Profit Insured** during the **Policy Period** and reported to **us**, in writing, arising out of any actual or alleged act or omission in the **Not-For-Profit Insured's** capacity as a duly elected director, officer, or trustee of a **Not-For-Profit Organization**; provided that:

prior to the inception date of this Policy, **you** did not know, or could not have reasonably foreseen, that such acts or omissions might reasonably give rise to a **Claim**, unless such **Claim** became known to **you** after the issuance of **your** first Accountants & Consultants Professional Liability Insurance Policy by **us** and that has been continuously renewed by **us**.

The most **we** will pay for **Defense Expenses** under this extension is \$100,000 and **our** obligation to **you** begins after **you** have paid the entire amount of **your** Deductible as shown in the Declarations.

B. For coverage provided by the endorsement, the following is added to Section 8. DEFINITIONS:

Not-For-Profit Insured(s) means the individual(s) listed below, who was, now is, or during the **Policy Period** becomes a duly elected or appointed director, officer, or trustee of a **Not-For-Profit Organization**, but only if such services are performed with the knowledge and at the written request of the **Named Insured**.

Not-For-Profit Insured	Not-For-Profit Organization	Effective Date

C. The **Retroactive Date** for this Endorsement is _____ at 12:01 A.M.

Additional Premium for this Endorsement: \$_____.

All other terms and conditions of this Policy remain unchanged.