ENDORSEMENT NO.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement, effective 12:01AM:       forms a part of

Policy no.:

Issued to:

By:

additional NAMED insureds ENDORSEMENT

(shared limits) - Illinois

This endorsement modifies insurance provided under the following:

PSYCHIATRISTS PROFESSIONAL LIABILITY INSURANCE POLICY

**SCHEDULE**

Named Insured(s) Retroactive Date (if applicable)

**I.** The Named Insured(s) shown in the Schedule above is/are added to Item 1. of the Declarations. For Claims Made Policies, notwithstanding the Retroactive Date shown in Item 3. of the Declarations, coverage for each Named Insured shown in the Schedule is provided for **psychiatric service incidents** and **occurrences** commencing on or after the corresponding Retroactive Date, but prior to the end of the **policy period**.

1. Subparagraph A.1. of Section IV. DEFENSE COSTS AND OTHER EXPENSES is deleted in its entirety and replaced with the following:
   1. **We** have the duty to defend any **claim** or **suit**, and **we** will defend such **claim** or **suit** against the **Insured** for a covered **claim** or **suit** to which this insurance applies seeking damages on account of a **psychiatric service incident** or **occurrence,** even if such **claim** or **suit** is groundless, false or fraudulent. However, we have no duty to defend any **claim** or **suit** seeking damagesto which this insurance does not apply. **We** have the right to investigate, defend, and appoint an attorney to defend any **claim** or **suit** as **we** deem expedient. However, **we** will not settle any **claim** or **suit** without the consent of the first Named Insured shown in Item 1. of the Declarations or the consent of the first Named Insured’s designated representative.
2. Paragraph N. of Section VII. CONDITIONS is deleted in its entirety and replaced with the following:

N. Special Rights And Duties Of the first Named Insured

It is agreed that the first Named Insured shown in Item 1. of the Declarations will :

1. Pay premiums and receive return premiums;

2. Accept any endorsements to this Policy;

3. Make changes in this Policy with **our** consent;

4. Make representations with respect to the issuance by **us** of this policy; and

5. Give consent to settle **claims** or **suits**.

This Policy can only be changed by a written endorsement that becomes a part of this Policy and that is signed by one of **our** authorized representatives.

All other terms and conditions of the policy remain the same.

Authorized Representative