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:

## CONNECTICUT

## EXTENDED REPORTING PERIOD AMENDATORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

CHIROPRACTOR PROFESSIONAL LIABILITY PLUS CLAIMS MADE POLICY

1. Paragraph S. Automatic Extended Reporting Period and Paragraph T. Optional Extended Reporting Period of Section VII. CONDITIONS are deleted in their entirety and replaced with the following:

S. Automatic Extended Reporting Period

1. If **you** or **we** cancel or non renew this policy at any time, or **we** decrease the limits, reduce coverage, add a policy exclusion, or effect any other change in coverage less favorable to **you** (hereinafter a “termination of coverage”), then **we** will provide an Automatic Extended Reporting Period of sixty (60) days at no additional charge, starting with the end of the **policy** **period**, during which **claims** arising out of **chiropractic** **incidents,** or **occurrences** which take place on or after the retroactive date stated in the Declarations but before the end of the **policy** **period** may be first made. This Automatic Extended Reporting Period also applies to the coverages in Paragraphs C. through H. of Section IV. DEFENSE COSTS AND OTHER EXPENSES as expressed therein.
2. Within fifteen (15) days of **our** notification of termination of coverage to **you,** **we** will advise **you** in writing of the Automatic Extended Reporting Period and the availability, of, the premium for, and the importance of purchasing the Optional Extended Reporting Period set forth in Paragraph T., below.
3. The Automatic Extended Reporting Period does not extend the **policy** **period** or change the scope of coverage provided. Any **claim** first made during the Automatic Extended Reporting Period shall be deemed to have been made on the last day of the **policy period**.
4. The Automatic Extended Reporting Period, however, will not apply to **claims** if other insurance purchased by **you** covers them or would have covered them had the limits of liability of such policy not been exhausted.
5. The Aggregate Limits of Liability applicable to this policy shall not be increased or reinstated for the Automatic Extended Reporting Period.
6. **Our** offer of terms, conditions or premium different from the expiring policy shall not be considered a refusal or failure to renew this insurance.

T. Optional Extended Reporting Period

1. If **you** or **we** initiate a termination of coverage, **you** shall have the option to purchase an Optional Extended Reporting Period Endorsement, beginning with the end of the **policy period**. The additional premium for and the term of the Optional Extended Reporting Period Endorsement shall be as stated in Item 3. (b) of the Declarations.
2. The Optional Extended Reporting Period Endorsement applies to **claims** first made against an **Insured** during the Optional Extended Reporting Period and arising from **chiropractic incidents,** or **occurrences** which take place on or after the retroactive date stated in the Declarations and before the end of the **policy period**. The Optional Extended Reporting Period Endorsement also applies to the coverages in Paragraphs C. through H. of Section IV. DEFENSE COSTS AND OTHER EXPENSES as expressed therein. The Aggregate Limits of Liability applicable to this policy shall be reinstated for **claims** under this Endorsement. **Claims** first made during the Optional Extended Reporting Period Endorsement shall be deemed to have been made on the last day of the **policy period**.
3. The premium charged for the additional extended reporting period coverage shall be based upon the rates for such coverage in effect on the later of the date the policy was issued or last renewed.
4. To obtain an Optional Extended Reporting Period Endorsement **you** must request it in writing within the greater of thirty (30) days after the **policy period** ends or within fifteen (15) days from the date of the delivery of **our** advice to **you** regarding the importance of purchasing the Optional Extended Reporting Period coverage and pay the premium due. Where premium is due to **us** for coverage under the claims made policy, any monies received by **us** from **you** as payment for the Optional Extended Reporting Period shall be first applied to such premium owing the policy. The Optional Extended Reporting Period will not take effect until the premium owing the policy is paid in full and unless the premium owing for the additional extended reporting period coverage is paid promptly when due. If **you** do so, the premium for the Optional Extended Reporting Period shall be fully earned and the Optional Extended Reporting Period Endorsement can not be canceled. If **we** do not receive **your** written acceptance and **your** payment within the greater of thirty (30) days after the **policy period** ends or within fifteen (15) days from the date of the delivery of advice to **you** regarding the importance of purchasing the Optional Extended Reporting Period, **you** may not exercise this option at a later date.
5. The insurance provided under the Optional Extended Reporting Period Endorsement is excess over any other valid and collectible insurance that begins or continues in effect after the Optional Extended Reporting Period Endorsement becomes effective, whether the other insurance applies on a primary, excess, contingent, or any other basis.
6. **Our** offer of terms, conditions or premium different from the expiring policy shall not be considered a refusal or failure to renew this insurance.
7. An Unlimited Duration Optional Extended Reporting Period Endorsement for **you** is applicable in the event of death, disability, or retirement with the following terms and conditions:
   * + - 1. An Unlimited Duration Optional Extended Reporting Period Endorsement will be issued to **you** or to **your** estate at no charge if **you** die or become permanently disabled during the **policy period**. With the written request for the coverage set forth in Paragraph 4. above, **we** also require:
   1. Written proof of **your** death; or
   2. Written proof of **your** permanent disability, including the date it happened, certified by your attending physician. **You** must agree to submit to medical examination(s) by any physician(s) **we** designate if requested.
      * + 1. **We** shall offer **you** an Unlimited Duration Optional Extended Reporting Period Endorsement for no charge using the standard underwriting practices in accordance with state requirements if:
          2. **you** have been insured consecutively for at least five (5) years at the time of **your** request; and
          3. **you** retire during the **policy period** after reaching the age of fifty (50) years old.
          4. The Limits under this Policy at the time of termination, death, disability or retirement will be the Limits applying to the Optional Extended Reporting Period.
8. An Unlimited Duration Optional Extended Reporting Period Endorsement for **you** is applicable after a seven (7) year continuous claims-made relationship with **us**. The Unlimited Duration Optional Extended Reporting Period Endorsement will not be applicable to **you** for termination of the claims-made policy due to **your** nonpayment of premium.

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

## Authorized Representative