**ENDORSEMENT**

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

This endorsement, effective 12:01 a.m.

Forms a part of Policy No.

**PHYSICIAN SCHEDULE**

This endorsement modifies insurance provided under the following:

HEALTHCARE AGENCY PROFESSIONAL LIABILITY POLICY

Schedule

**PHYSICIAN RETROACTIVE DATE** (If Applicable**)**

Paragraph l. of Section **III. EXCLUSIONS – CLAIMS NOT COVERED** is deleted in its entirety and replaced with the following:

1. **We** will not cover **claims** against **you** arising from services performed:
2. By a physician, but this exclusion shall not apply to services performed by such physician:
   1. solely as **your** medical director; or
   2. unless the physician is scheduled above; and

while acting within the scope of their employment or agreement with you; or

1. By a nurse midwife, nurse anesthetist, or physician’s assistant.

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

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Authorized Representative