**ENDORSEMENT**

**This endorsement, effective 12:01 AM:**

**Forms a part of policy no.:**

CHANGES TO SCHEDULE OF LOCATIONS ENDORSEMENT

This endorsement modifies insurance provided by the:

HEALTHCARE AGENCY PROFESSIONAL LIABILITY Policy

The Schedule of Locations shall be amended as follows:

   ADDITION

   DELETION

   CHANGE

# ADDRESS

1.

2.

3.

Premium for this amendment is $     .

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Authorized Representative