ENDORSEMENT NO.

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

This endorsement, effective 12:01AM:

Forms a part of Policy no.:

## DECLARATIONS CHANGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

# HEALTHCARE AGENCY PROFESSIONAL LIABILITY POLICY

The following item(s) marked with an “X” of the Declarations Page

**\_\_\_\_\_\_ POLICY NUMBER**

\_\_\_\_\_\_ **Item 1. NAMED INSURED/ADDRESS OF NAMED INSURED**

\_\_\_\_\_\_ **Item 2.(a) POLICY PERIOD** (at 12:01 A.M., Standard Time, at the address of the Named Insured)

\_\_\_\_\_\_ **Item 2.(b) RETROACTIVE DATE**

\_\_\_\_\_\_ **Item 3. LIMITS OF COVERAGE**

\_\_\_\_\_\_ **Item 4. DEDUCTIBLE**

**\_\_\_\_\_\_Item 5. PREMIUM**

**\_\_\_\_\_\_ Item 6. FORMS AND ENDORSEMENTS**

is (are) amended to read as follows:

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUTHORIZED REPRESENTATIVE