ENDORSEMENT

This endorsement, effective 12:01 A.M.

Forms a part of Policy No.:

SCHEDULE OF TERMINATED PHYSICIANS AND/OR OTHER HEALTHCARE PROVIDERS ENDORSEMENT

This endorsement modifies insurance provided under the following:

HEALTHCARE AGENCY PROFESSIONAL LIABILITY POLICY

The **healthcare providers** shown on the Schedule below are terminated as of the Termination Date and notwithstanding the date of the **wrongful act**, no coverage shall be provided for any **claim** or **suit** (suit) made against the **healthcare provider** after the termination date corresponding to such **healthcare provider**.

As used herein **healthcare provider** means a physician(s), resident(s), intern(s), extern(s), fellow(s), podiatrist(s), dentist(s), nurse midwife(ves), or certified registered nurse anesthetist(s) previously added to this policy by endorsement.

**SCHEDULE**

**HEALTHCARE PROVIDER SPECIALTY TERMINATION DATE**

           

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

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

Authorized Representative