ENDORSEMENT

This endorsement, effective 12:01 A.M.

Forms a part of Policy No.:

SCHEDULE OF TERMINATED ENTITIES OR LOCATIONS ENDORSEMENT

This endorsement modifies insurance provided under the following:

HEALTHCARE AGENCY PROFESSIONAL LIABILITY POLICY

The following entities or locations for which coverage is provided under this Policy shown on the Schedule below (hereinafter, the **insured entity** or the **insured** location) are terminated as of the corresponding Termination Date shown on the Schedule. If the applicable Policy provides coverage:

1. On an occurrence basis, then no coverage shall be provided for any **wrongful act** which occurs on or after such Termination Date;
2. On a claims made basis, then, notwithstanding the date of the **wrongful act**, no coverage shall be provided for any **claim** or **suit** made against the **insured entity** after such Termination Date or against **you** for liability at the **insured location** after such Termination Date.

**SCHEDULE**

**INSURED ENTITY OR INSURED LOCATION TERMINATION DATE**

     

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

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Authorized Representative