**ENDORSEMENT**

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

# This endorsement, effective 12:01 a.m.

# Forms a part of Policy No.:

**HOSPICE** **AMENDATORY ENDORSEMENT**

This endorsement modifies insurance provided under the following:

HEALTHCARE AGENCY PROFESSIONAL LIABILITY POLICY (Claims-Made)

1. Section **I. WHAT THIS AGREEMENT COVERS** is deleted in its entirety and replaced with the following:

**Professional Liability**

We will pay amounts **you** are legally required to pay to compensate others for loss resulting from **your wrongful act,** or that of another for whom you are legally responsible. The **wrongful act** must be solely in the conduct of **your** business as a **healthcare agency** or as an owner or operator of a **hospice** and must take place on or after the **retroactive date** and before the end of the **policy period.** A **claim** for such **wrongful act** must be first made against **you** during the **policy period,** and **we** or **our** authorized agent also must be notified of the **claim** in writing during the **policy period.**

1. Paragraph b. of Section **III.** **EXCLUSIONS – CLAIMS NOT COVERED** is deleted in its entirety and replaced with the following:
   1. as an owner or operator of a hospital, retirement facility, clinic or similar facility or institution which provides overnight bed and board, or a laboratory. This exclusion does not apply to the ownership or operation of a **hospice**.
2. Paragraph m. of Section **III.** **EXCLUSIONS – CLAIMS NOT COVERED** is deleted in its entirety and replaced with the following:
3. arising from a **wrongful act** as a member of a formal accreditation or professional review or licensing board. This exclusion does not apply to the ownership or operation of a **hospice.**
4. Paragraph 10. of Section **VII.** **DEFINITIONS**  is deleted in its entirety and replaced with the following:
   1. **wrongful act** means any actual or alleged negligent act, error or omission in providing:
5. The following with respect to **your** business as a **healthcare agency** and/or as an owner or operator of a **hospice**:
   1. Medical, surgical, dental, nursing or other health care services including but not limited to the furnishing of food or beverages in connection with such services; the practice of nuclear medicine; the furnishing or dispensing of drugs or medical, dental or surgical supplies or appliances; or the handling or treatment of deceased human bodies, including but not limited to autopsies, organ donation or other procedures; or

(2) Supervising, teaching or proctoring others at the request of the **Named Insured**.

1. The following with respect to **your** business as an owner or operator of a **hospice** only:

Services by any person as a member of a formal accreditation, standards review or similar professional board or committee of **yours**.

1. Paragraph 12. is added to Section **VII. DEFINITIONS** as follows:
   * 1. **Hospice** means a facility that provides special care for people who are near the end of life and for their families

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

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Authorized Representative