**ENDORSEMENT**

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

# **Forms a part of Policy No:**

SCHEDULE OF EXCLUDED SERVICES ENDORSEMENT

This endorsement modifies insurance provided under the following:

HEALTHCARE AGENCY PROFESSIONAL LIABILITY POLICY

The following is added to Section III. EXCLUSIONS – CLAIMS NOT COVERED:

This insurance does not apply to any **claims** or **suits** (suits) arising out of services provided by **you** that are shown below in the EXCLUDED SERVICES SCHEDULE:

EXCLUDED SERVICES SCHEDULE

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

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Authorized Representative