**ENDORSEMENT**

# This endorsement, effective 12:01 AM:

# Forms a part of policy no:

## SCHEDULE OF LOCATIONS ENDORSEMENT

This endorsement modifies insurance provided under the following:

HEALTHCARE AGENCY PROFESSIONAL LIABILITY POLICY

The insurance provided by the Policy shall be limited to the following location(s):

**ADDRESS**

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

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Authorized Representative