ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective 12:01 a.m.

Forms a part of Policy No.

**OPTIONAL EXTENDED REPORTING PERIOD ENDORSEMENT**

**VERMONT**

This endorsement modifies insurance provided under the following:

HEALTHCARE AGENCY PROFESSIONAL LIABILITY POLICY (CLAIMS MADE)

In consideration of an additional premium of $\_\_\_\_\_\_\_\_\_\_\_\_\_, the Policy and Declarations are amended as follows:

In accordance with and subject to the provisions of Paragraph **d.** of Section **VI. OTHER PROVISIONS AFFECTING COVERAGE:**

The following is added to the Declarations:

EXTENDED REPORTING PERIOD - SHALL BE FROM:\_\_\_\_\_\_\_\_\_\_\_TO: \_\_\_\_\_\_\_\_\_\_\_.

Paragraph **d. Optional Reporting Endorsement** of Section **VI. OTHER PROVISIONS AFFECTING COVERAGE** is deleted in its entirety and replaced with the following:

**d. Optional Reporting Endorsement**

If **you** or **we** cancel or do not renew this policy, **you** have the right to buy a reporting endorsement.

The endorsement applies only to covered **claims** from a **wrongful act** after the **retroactive date** and before the end of the **policy period**. The **claim** must first be made against **you** and reported to **us** in writing, after the **policy period**.

To obtain this reporting endorsement **you** must request it in writing within 60 days after the **policy period** ends and pay the premium when due. If **you** do so, **we** can’t cancel the endorsement. If **we** don’t receive the written request and payment as required, **you** may not exercise this right at a later date. If **you** cancel the endorsement, **we** will not pay a return premium.

Any change in premium or terms from this policy shall not be considered a refusal to renew.

The limit of liability for the Optional Extended Reporting Period shall be equal to the limit of liability in effect at the inception of the **policy period**.

All other terms and condition of the Policy remain the same.

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

Authorized Representative