**ENDORSEMENT**

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

This endorsement, effective 12:01 A.M.,

Forms a part of Policy No.:

WAIVER OF SUBROGATion

This endorsement modifies insurance provided under the following:

HEALTHCARE AGENCY PROFESSIONAL LIABILITY POLICY

SCHEDULE

|  |
| --- |
| **Name Of Person Or Organization:** |
|  |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

The following is added to Paragraph **f. Recovering Damages from a Third Party** of Section **VI. OTHER PROVISIONS AFFECTING COVERAGE:**

**We** waive any right of recovery **we** may have against the person or organization shown in the Schedule above because of payments **we** make for **wrongful acts** arising out of **your** operations as a **health care agency** and done under a contract with that person or organization. This waiver applies only to the person or organization shown in the Schedule above.

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Authorized Representative

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