



**HEALTHCARE PROVIDERS
PROFESSIONAL LIABILITY INSURANCE ENDORSEMENT
NORTH CAROLINA AMENDATORY ENDORSEMENT**

Section **V. CHANGES** of the **HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY INSURANCE - COMMON POLICY CONDITIONS** is deleted in its entirety and replaced with the following:

V. CHANGES

The provisions of this policy shall not be waived or changed except by written endorsement issued to form a part of this Policy.

At some time, we may make changes in our insurance policy forms. Where appropriate, these changes must conform to and be filed with the state insurance supervisory authorities for approval. If, during **your policy period**, we make a policy change that extends or broadens **your** coverage, without increasing **your** premium, **your** coverage will automatically include such extension or broadening, on the effective date the change is approved in **your** state, except that this will not apply to **claims** that were reported to us prior to the effective date of such revision.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy and expires concurrently with said Policy unless another effective date is shown below.

By Authorized Representative _____
(No signature is required if issued with the Policy or if it is effective on the Policy Effective Date)