

**HEALTHCARE PROVIDERS
PROFESSIONAL LIABILITY INSURANCE ENDORSEMENT**

NEW HAMPSHIRE AMENDATORY CHANGES

It is hereby agreed that the Professional Liability Coverage Part (Claims-Made) – G-121502-C (7/2001), Section **VIII - EXTENDED REPORTING PERIOD COVERAGE** is deleted in its entirety and replaced with the following:

VIII. EXTENDED REPORTING PERIOD COVERAGE

If this policy is cancelled or non-renewed, by either us or by the **named insured**, then the **named insured** shall have the right to an **extended reporting period** as follows:

A. Automatic & Optional Extended Reporting Period

1. We will provide to the **named insured**, at no additional premium, an automatic **extended reporting period**, for the purpose of reporting a **claim**, which begins at the termination of the **policy period**. This automatic **extended reporting period** will terminate after sixty (60) days.
2. If **named insured** writes to us within sixty (60) days of the termination telling us that **named insured** wants an **extended reporting period** beyond the automatic sixty days, and pays the premium to us promptly when due, the period of time allowed by the policy for the reporting of **claims** to us shall be extended in accordance with the rules, rates and rating plans in effect for us. Once paid, the premium for this option is non-refundable and considered fully earned.
3. Such extension for the reporting of **claims** shall not apply to:
 - a. any pending **claims** or proceedings; or
 - b. any paid **claims**; or
 - c. **professional services** rendered after the termination of this policy; or
 - d. any errors, acts, omissions or **medical incidents** that are covered under any subsequent insurance **you** purchase, or that would be covered but for exhaustion of the limit of liability, applicable to such errors, acts, omissions or **medical incidents**.
4. The first sixty (60) days of the optional **extended reporting period**, if it is purchased, shall run concurrently with the automatic **extended reporting period**.
5. Once the optional **extended reporting period** has been paid for, it may not be cancelled.
6. Once in effect, **your** optional **extended reporting period** will be unlimited in duration.

B. Death, Disability or Retirement Extended Reporting Period

1. If the **named insured** is a natural person, and during the **policy period**, the **named insured** dies, or becomes **totally and permanently disabled**, we will provide this **extended reporting period** coverage at no additional premium. For instances of death or disability, **named insured** or **named insured's** estate must, within sixty (60) days after the end of this **policy period**:
 - a. **write to us telling us the coverage is desired; and**
 - b. provide written proof of the date of **named insured's** death; or
 - c. provide written proof that the **named insured** is **totally and permanently disabled**, including the date it happened, certified by **named insured's** attending physician; and
 - d. agree to submit to medical examination(s) by any physician(s) we designate, if requested.

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2. We will provide this **extended reporting period** coverage at no additional premium, if the **named insured** is a natural person, and during the **policy period**, the **named insured retires**, and is either:
- a. 55 years of age or older and has been insured by us for at least five (5) years of claims-made coverage; or
 - b. has been insured by us for at least ten (10) years of claims-made coverage.
- C. Our limit of liability for all **claims** reported during the **extended reporting period** shall be part of, and not in addition to, the limits of liability for the **policy period** as set forth on the **certificate of insurance**. The **extended reporting period** does not extend the **policy period**, change the scope of coverage provided, or increase the limits of liability.

Specimen

This endorsement is a part of **your** policy and takes effect on the effective date of **your** policy, unless another effective date is shown below. All other provisions of the policy remain unchanged.

<i>Must Be Completed</i>		<i>Complete Only When This Endorsement Is Not Prepared with the Policy Or Is Not to be Effective with the Policy</i>	
ENDT. NO.	POLICY NO.	ISSUED TO	ENDORSEMENT EFFECTIVE DATE
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