

**HEALTHCARE PROVIDERS  
PROFESSIONAL LIABILITY INSURANCE ENDORSEMENT**

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**CONNECTICUT AMENDATORY CHANGE ENDORSEMENT**

It is hereby agreed that Common Policy Conditions, XIV. RIGHT TO CLAIM INFORMATION is deleted in its entirety and replaced with the following:

**XIV. RIGHT TO CLAIM INFORMATION**

Upon the written request of the **named insured**, we will provide the **named insured** with the following information relating to this and any preceding policy we have issued to the **named insured** during the previous four years:

- A. A list or other record of each **claim**, not previously reported to any other insurer, of which we were notified in accordance with these policy Conditions. We will include the date and brief description of the **claim** if that information was in the notice we received.
- B. A summary by policy year, of **claim** status and payments made, stated separately, for each Aggregate Limit of Liability shown on the **certificate of insurance**.

**You** must not disclose this information to any claimant or their representative without our written consent.

We compile **claim** information for our own business purposes and exercise reasonable care in doing so. In providing this information to the **named insured**, we and our program administrator make no representations or warranties to insureds, insurers, or others to whom this information is furnished by or on **your** behalf. Cancellation or non-renewal will be effective even if we inadvertently provide inaccurate information.

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<br/>Or Is Not to be Effective with the Policy</i> |                            |
|--------------------------|------------|--|----------------------------|
| ENDT. NO.<br><br>1       | POLICY NO. | ISSUED TO  | ENDORSEMENT EFFECTIVE DATE |