



**HEALTHCARE PROVIDERS
PROFESSIONAL LIABILITY INSURANCE ENDORSEMENT**

**NEW HAMPSHIRE AMENDATORY CHANGES
ENDORSEMENT**

It is hereby agreed that Common Policy Conditions Section VII. **Concealment, Misrepresentation, Fraud**, is deleted in its entirety and replaced with following:

Section VII. Concealment, Misrepresentation, Fraud

This policy may be canceled due to the discovery of fraud by **you** relating to it. We may deny any **claim** if any of **you** intentionally conceal or misrepresent a material fact or circumstance concerning this policy, engage in fraudulent conduct, or make false statements relating to this policy.

The above condition will not apply to any of **you** who did not commit, participate in, or have knowledge of any of the acts described.

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)