

**HEALTHCARE PROVIDERS
PROFESSIONAL LIABILITY INSURANCE ENDORSEMENT**

**WASHINGTON AMENDATORY CHANGE
ENDORSEMENT**

It is hereby agreed that form G-121503-C [7/2001] is amended as follows:

- I. The last paragraph of policy section **II. DEFENSE AND SETTLEMENT**, is deleted and replaced by the following:

Our payment of the limit of liability, by payment of judgments or settlements, ends our duty to defend or settle. We have no duty to defend any **claims** not covered by this Coverage Part.

- II. Policy section **IV., EXCLUSIONS**, items A. and N. are deleted and replaced with the following:

A. **injury** to:

1. an **employee** of the **named insured** arising out of and in the course of employment by the **named insured**; or
2. a **family member** of that **employee** as a consequence of 1 above; or
3. the **named insured's family member**.

This exclusion applies:

1. whether the **named insured** may be liable as an employer or in any other capacity; and
2. to any obligation to share amounts with or repay someone else who must pay amounts because of the **injury** or **damage**;

This exclusion applies only to **injury** to any **employee** of **yours** whose employment is not subject to the Industrial Insurance Act of Washington (Washington Revised Code Title 51).

With respect to **injury** to **employees** of **yours** whose **employment** is subject to the Industrial Insurance Act of Washington, this exclusion is replaced with the following:

A. **injury** to an **employee** of **yours** arising out of and in the course of:

- a. employment by **you**; or
 - b. performing duties related to the conduct of **your** business; or
- any obligation to share damages with or repay someone else who must pay damages because of the injury.

This exclusion does not apply to liability assumed by **you** under an insured contract;

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- N. any loss, cost or expense arising out of, relating to, or involving the actual, alleged or threatened exposure at any time to **asbestos**;

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
1			