

**HEALTHCARE PROVIDERS
PROFESSIONAL LIABILITY COVERAGE PART ENDORSEMENT**

MONTANA AMENDATORY CHANGES

It is hereby agreed that Claims Made Coverage Part [form G-121502-C (7/2001)], Policy Section VIII – Extended Reporting Period Coverage, A. Automatic & Optional **Extended Reporting Period**, item 2 is deleted and replaced with the following:

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.

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. 1	POLICY NO.	ISSUED TO	ENDORSEMENT EFFECTIVE DATE