

**HEALTHCARE PROVIDERS
PROFESSIONAL LIABILITY INSURANCE ENDORSEMENT**

Amendment of Certificate of Insurance

In consideration of the premium paid, it is agreed that the **certificate of insurance** is amended as follows:

- Name change
Please contact Customer Service from completed copy.

- Address change
Please contact Customer Service from completed copy.

- Medical Specialty change
Please contact Customer Service from completed copy.

- Other (please specify)
Please contact Customer Service from completed copy.

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