

**HEALTHCARE PROVIDERS
PROFESSIONAL LIABILITY COVERAGE PART ENDORSEMENT**

Consent to Settle – State of Indiana

In consideration of the premium paid, it is agreed that the **PROFESSIONAL LIABILITY COVERAGE PART, Section III. DEFENSE AND SETTLEMENT**, is deleted in its entirety and replaced by the following:

We have the right and duty to defend any **claim** that is a **professional liability claim, Good Samaritan claim, personal injury claim or malplacement claim**. We will:

1. do this even if any of the charges of such **claim** are groundless, false or fraudulent; and
2. investigate any **claim** as we feel appropriate; and
3. not settle any **claim** without the consent of the **named insured**.

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

If **you** refuse to consent to any settlement recommended by us and acceptable to the claimant, then, subject to the available limit of liability shown on the **certificate of insurance**, our liability for all loss in connection with such **claims** shall not exceed the amount for which the **claim** could have been settled, plus the reasonable and necessary **claim expenses** incurred with our consent, up to the date of refusal to consent by **you**.

Furthermore, we may settle any **claim** without **your** consent in the event a medical review panel, formed pursuant to Indiana Code Section 34-18-10 et. seq., issues a unanimous opinion that **you** failed to comply with the appropriate standard of care as charged in the **complaint**.

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.

Must Be Completed		<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	>		