EXCLUSION OF SPECIFIED WELLNESS MODALITIES

In consideration of the premium paid, it is agreed that the **PROFESSIONAL LIABILITY COVERAGE PART, Section V. Exclusions,** is amended to add the following:

We will not defend any **claim** for, or pay any amounts, including **claim expenses**, based on, arising out of, or related to any of **your** acts, errors or omissions involving the activities designated below:

Activities:

- Acupuncture (unless performed by a licensed Acupuncturist)
- Aveda Spa Body Therapy
- Body Talk
- Breathergy
- Chiropractic adjustments
- Colon Hydrotherapy, Colonics
- Cupping Therapy
- Ear Candling
- Detoxification
- Fasting
- Flotation Tank Therapy
- Hypnosis
- Kundalini Yoga
- Moxibustion
- Naprapathy
- Naturopathics
- Nutritional or dietary counseling
- Osteopathic Soft Tissue Manipulation
- Oxygen Therapy
- Phoenix Rising Yoga Massage
- Pointer Plus locator/ stim
- Psychosomatic related care
- Rebirthing
- Religious Healing
- Shen (Physio Emotional Release Therapy)
- Steam baths, steam booths, steam showers, saunas
- Taoist Abdominal Massage
- Tanning beds, tanning tables or tanning booths
- Procedures which penetrate body cavities, either manually or with any other method of intrusion other than manual, soft tissue manipulation of the oral or nasal cavities
- Procedures which use 40% glycolic acid or permanent makeup procedures defined as physical therapy modalities
- Manipulations or adjustments of the human skeletal structure, diagnosis or prescription
- Procedures defined as cosmetology treatments or modalities

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)

GSL13432XX (5-09)

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Insured Name:

Policy No:
Endorsement No:
Effective Date: