

**HEALTHCARE PROVIDERS
GENERAL LIABILITY COVERAGE PART ENDORSEMENT**

Additional General Liability Locations

In consideration of the additional premium paid, and subject to the General Liability limit of liability shown on the **certificate of insurance**, it is agreed that the following schedule of additional locations are provided coverage under the General Liability Coverage Part:

Location Address:	Premium
Address, City, State, Zip Code	\$-----

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
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