

**HEALTHCARE PROVIDERS
PROFESSIONAL LIABILITY INSURANCE ENDORSEMENT**

Scheduled Covered Subsidiaries

In consideration of the premium paid, and subject to the applicable limits of liability shown on the **certificate of insurance**, it is agreed as follows:

1. The following subsidiaries (hereafter referred to as “**subsidiary**”) are provided coverage under the Policy:

Name of **Subsidiary**: _____

2. Solely for the purposes of the coverage provided by this Endorsement, the definition of **You** in the Professional Liability Coverage Part is deleted in its entirety and replaced with the following:

“**You**” or “**Your**” means the **named insured**, the Subsidiaries named above, and,

1. any individual who, during the **policy period**, is or becomes a partner, officer, director, stockholder-employee, manager, member or an **employee** of the **named insured** or any **subsidiary**, but only while acting within the scope of their **professional services**; or
2. any individual who, during the **policy period**, is or becomes a substitute health care provider that the **named insured** or any **subsidiary** contracts with, but only while acting within the scope of their **professional services**.
3. any individual previously affiliated with the **named insured**, or any subsidiary named above, as its partner, officer, director, stockholder-employee, manager, member or **employee** but only for **professional services** performed on behalf of the **named insured** or any **subsidiary** during the course of such employment.

3. Solely for the purposes of the coverage provided by this Endorsement, the definition of **you** in the General Liability Coverage Part, or the Workplace Liability Coverage Part, as applicable, is deleted in its entirety and replaced with the following:

“**You**” or “**Your**” means the **named insured** or any **subsidiary** and:

1. any individual who, during the **policy period**, is or becomes an **employee** of the **named insured** or any **subsidiary**, but only while acting within the scope of their employment by the **named insured** or any **subsidiary**; or
2. any individual who, during the **policy period**, is or becomes a substitute health care provider, other than a physician, dentist, nurse anesthetist, nurse mid-wife, chiropractor, self-employed perfusionist, or podiatrist, that the **named insured** or any **subsidiary** contracts with, but only while acting within the scope of their employment by the **named insured** or any **subsidiary**; or
3. any individual previously affiliated with the **named insured** or any **subsidiary** as its **employee** but only while acting within the scope of their employment by the **named insured** or any **subsidiary**, during the course of such employment.

4. On the date during the **policy period**, that the **Named Insured’s** direct or indirect ownership interest in any **subsidiary** becomes less than 50%, of the issued and outstanding voting stock, such corporation shall cease to be a **subsidiary** under the terms of this Policy. In such event, coverage will be provided under the Policy but only with respect to acts or omissions committed prior to such date in accordance with all other terms and conditions of this Policy. No coverage will be afforded under the Policy with respect to **claims** made against an **Insured** based on any act or omission committed or allegedly committed on or subsequent to such date.
5. This paragraph 5 applies only if this endorsement is attached to the Professional Liability Coverage Part – Claims Made (form G-121502-C) and only if a prior acts date appears in the box below.

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6. Solely with respect to each **subsidiary**, Section V, Exclusions, paragraph N.1. is deleted in its entirety and replaced with the following:
- N. any act, error or omission, including a **medical incident, Good Samaritan incident, placement services** or **personal injury**:
1. that happened:
 - a. prior to the prior acts date listed opposite such **subsidiary's** name; or
 - b. after the prior acts date, if, on the inception date of this endorsement, **you** knew or had been told that it would result in a **claim**;

Subsidiary	Prior Acts Date
Name	Date
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. 1	POLICY NO.	ISSUED TO	ENDORSEMENT EFFECTIVE DATE