

**HEALTHCARE PROVIDERS
PROFESSIONAL LIABILITY INSURANCE ENDORSEMENT**

**GEORGIA AMENDATORY CHANGE
ENDORSEMENT**

It is hereby agreed that policy section V. Exclusions (under form G-121501-C [7/2001]) item I. is deleted and replaced by the following:

- I. the return or withdrawal of fees or government payments imposed directly upon **you**; any fines, penalties or sanctions;

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> | |
|--------------------------|------------|
| ENDT. NO. | POLICY NO. |
| 1 | |

| <i>Complete Only When This Endorsement Is Not Prepared with the Policy Or Is Not to be Effective with the Policy</i> | |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| ISSUED TO | EFFECTIVE DATE OF ENDORSEMENT |
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