



ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXTENDED REPORTING PERIOD PREMIUM WAIVER ENDORSEMENT

In consideration of the premium paid, it is hereby understood and agreed:

Section **VIII. EXTENDED REPORTING PERIOD**, subsection **E.**, is replaced by:

E. In the event a **Named Insured** has been continuously insured on a claims-made basis for at least one year with the **Company** and the **Named Insured** elects to permanently retire from the practice of medicine and meets the following criteria for a premium waiver:

- (1) Has been insured on a claims-made basis for at least one year with the **Company**; and
- (2) The **Named Insured** has a retroactive date, as shown on the **Schedule of Named Insureds**, that is at least forty-eight (48) months prior to the date of retirement,

the **Extended Reporting Period** will be granted to such **Named Insured** at no additional premium.

As used herein, the term “permanently retire” means that the **Named Insured** has completely and permanently ceased any practice of medicine or to provide any **Professional Services** for compensation.

The **Company** may require periodic proof that such **Named Insured** remains permanently retired from the practice of medicine. By accepting any waiver of premium for **Extended Reporting Period** coverage under this Policy due to retirement or permanent and total disability, such **Named Insured** agrees that upon any resumption of the practice of medicine, such **Named Insured** has the duty to inform the **Company** in writing within fifteen (15) days following the resumption of practice and has the obligation to pay the premium that would have been due but for the waiver of the **Extended Reporting Period** coverage premium. If such **Named Insured** then fails to pay the **Extended Reporting Period** coverage premium within forty-five (45) days following the resumption of the practice of medicine, such **Named Insured** acknowledges the **Company** may void the **Extended Reporting Period** coverage. In the event the **Extended Reporting Period** coverage is voided, the **Company** shall also then be entitled to reimbursement from such **Named Insured** of any **Damages** and **Defense Costs** paid on behalf of such **Named Insured** during the time the **Extended Reporting Period** coverage was in effect.

All other terms and conditions of this Policy remain unchanged.

AUTHORIZED REPRESENTATIVE

DATE