

LABORATORY ENDORSEMENT

This endorsement modifies insurance provided under the:

PROFESSIONAL LIABILITY COVERAGE PART GENERAL TERMS AND CONDITIONS

In consideration of the premium, the policy is amended as follows:

I. The exclusion entitled Director or Officer Liability, set forth in Section IV, Exclusions Applicable To All Coverage Parts of the General Terms and Conditions is deleted and replaced with the following:

This Coverage Part does not apply to any claim, damages, defense costs, expenses, fees or loss:

DIRECTOR OR OFFICER LIABILITY

for liability for any actual or alleged act, error or omission, or breach duty by a natural person **insured** while acting solely in the capacity of:

- (i) a director, executive, trustee, partner, manager, officer of any entity; or
- (ii) proprietor, superintendent, or administrator of any:
 - (a) hospital, nursing home or sanitarium;
 - (b) clinic with bed and board facilities; or
 - (c) laboratory or business;

provided this exclusion (ii) will not apply to liability arising out of any laboratory facilities:

- (1) you maintain for your own patients, or patients other than your own; or
- (2) which are necessary to the practice of your specialty;
- II. Solely for purposes of this endorsement, the definition of **licensed services**, set forth in Section III, Coverage Part Definitions of the Professional Liability Coverage Part is amended to add the following:

Licensed services includes those services performed by you as a proprietor, superintendent, or administrator of laboratory facilities:

- (a) you maintain for your own patients, or patients other than your own; or
- (b) which are necessary to the practice of your specialty.

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, unless another effective date is shown below, and expires concurrently with said Policy.

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Endorsement No:

Effective Date:

Insured Name: