



**LEAVE OF ABSENCE ENDORSEMENT  
(Disability Period)**

This endorsement modifies insurance provided under the:

**PROFESSIONAL LIABILITY COVERAGE PART**

Name of Insured Dentist	<b>Leave of Absence/Disability Period</b>
_____	Start date _____ to End date _____

I. Solely for the purposes of this endorsement, Section III, Coverage Part Definitions, is amended to add the following:

**Disability** means that you have become disabled as a result of injury or disease, as to be prevented from performing work or engaging in your own occupation for remuneration or profit; provided, such a condition has existed continuously for not more than six months.

**Leave of absence/disability period** means the period of time from 12:01 A.M. on your **disability** start date set forth above to 12:01 A.M. on your disability end date set forth above.

In consideration of the return premium indicated below, this Coverage Part does not apply to any **claim, damages, defense costs**, expenses, fees or loss, based on, or arising out of, a **wrongful act** by the Scheduled Professional set forth above during the **leave of absence/disability period**. Provided however, subject to all other terms and conditions of the policy, such **insured dentist** set forth above will be covered for any **Good Samaritan services** rendered by the Scheduled Professional during the **leave of absence/disability period**.

Total Return Premium \$ \_\_\_\_\_

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.