

DENTISTS CYBER LIABILITY AND FIRST PARTY LOSS (INCLUDING PRIVACY) PURCHASED EXTENDED REPORTING PERIOD ENDORSEMENT - ALASKA

In consideration of the payment of the additional premium of \$______, with respect to the **named insured** specified-above paragraph B of Section VIII, Extended Reporting Period, of the General Terms and Conditions is amended to add the following:

Solely with respect to coverage provided by the Cyber Liability and First Party Loss (Including Privacy) endorsement, the **named insured** has elected to purchase an **extended reporting period**. All terms and conditions in this Section will apply to **claims** first made and reported during such **extended reporting period**, as a result of a **wrongful act** that took place on or after the applicable **retroactive date** and prior to the end of the **policy period**. This **extended reporting period** will be five (5) years in duration, beginning ______ and ending ______.

The purchased **extended reporting period** will not take effect unless the additional premium for it is paid when due. If such premium is not paid when due, the **extended reporting period** will not become effective and the **insured** will have waived the right to purchase the **extended reporting period**. If the premium is paid when due, this **extended reporting period** may not be cancelled.

Further, there will be no additional Limits of Liability for any purchased **extended reporting period**. The Cyber Liability and First Party Loss (Including Privacy) Limit of Liability will be the limit that is in effect at the end of the **policy period**. The Limits of Liability are not reinstated or increased for any **claim** first made and reported during the Purchased Extended Reporting Period.

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.

Insured Name: