

SCHEDULED INSURED ENTITY ENDORSEMENT (Shared Professional Liability Limits)

This endorsement modifies insurance provided under the coverage indicated below:	
	PROFESSIONAL LIABILITY COVERAGE PART
	GENERAL LIABILITY COVERAGE PART
In cons	sideration of the additional premium, the policy is amended as follows:
SCHEDULE	
Name Of Insured Entity:	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	
I.	Section I, Preface, of the General Terms and Conditions is amended to add the following at the end:
	The entity scheduled above also is an insured under the coverage parts indicated above. However, solely with respect to the Professional Liability Coverage Part, the above-scheduled insured is an insured only with respect to its vicarious liability arising out of an insured dentist rendering or failing to render professional services .
II.	Section IX, Limit of Liability, of the General Terms and Conditions is amended to add the following paragraph:
	In no event will the addition of the above-scheduled insured entity serve to increase the limits of liability applicable to each Coverage Part.
III.	Solely for the purposes of the coverage afforded to the above-scheduled insured , Paragraph E, Application of Limits of Liability, set forth within Section V, Coverage Part Limits of Liability and Related Claims, of the Professional Liability Coverage Part is deleted in its entirety and is replaced as follows:
	The above-scheduled insured entity will share the limits of liability with the insured dentist(s) for whose acts, errors or omissions such entity has, or is alleged to have, vicarious liability.
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.	

CNA101495XX (7-23) Page 1 Policy No: Endorsement No: Effective Date:

Insured Name: