

Policy Number: _____	Endorsement Number: _____
Endorsement Effective: _____	Form Number: _____
Date Issued: _____	Premium Adjustment: _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INDEPENDENT CONTRACTOR / PER DIEM COVERAGE

This endorsement modifies insurance under the following:

LAWYERS PROFESSIONAL LIABILITY

Coverage is extended to any lawyer shown in the Schedule below while acting as an independent contractor or on a per diem basis for the Named Insured, but only as respects professional services rendered on behalf of the Named Insured or any PREDECESSOR FIRM.

SCHEDULE

Specimen

All other terms and conditions of this policy remain unchanged.

This endorsement is a part of your policy and takes effect on the effective date of your policy, unless another effective date is shown below.

Countersigned by _____
 Authorized Representative