

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**SPECIFIC INCIDENT EXCLUSION**

This endorsement modifies insurance under the following:  
LAWYERS PROFESSIONAL LIABILITY

This policy does not apply to any CLAIM arising out of any incident shown in the Schedule below:

**SCHEDULE OF INCIDENTS**

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