

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

KNOWN CIRCUMSTANCE EXCLUSION

This endorsement modifies insurance under the following:

LAWYERS PROFESSIONAL LIABILITY

This policy does not apply to any CLAIM made against any INSUREDS , directly or indirectly arising out of, resulting from or in any way involving any circumstances disclosed in Question _____ of the signed and dated _____.

The Company will not have any duty to defend or indemnify any INSURED against any CLAIM alleging malpractice or negligence for such professional services in any lawsuit, disciplinary proceeding or other legal action.

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