

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

OFFICE SHARING EXCLUSION

This endorsement modifies insurance under the following:

LAWYERS PROFESSIONAL LIABILITY

This policy does not apply to any CLAIM arising out of any WRONGFUL ACT of any person or entity that is not an INSURED, but with whom an INSURED shared office space, letterhead or staff.

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