

## **Intact Insurance Company**

## **Extended Reporting Period Endorsement**

**Policy No.:** 

| Broker No.:   |               |  |
|---|---------------|--|
| Broker:   |               |  |
| Named Insured:  |               |  |
| Effective Date of Endorsement (D/M/Y):                            |               |  |
| Premium:  | Additional \$ |  |
| This Endorsement Changes the Policy. Please Read it Carefully.    |               |  |
| This endorsement modifies insurance provided under the following: |               |  |

## **Miscellaneous Errors and Omissions Liability Policy**

- 1. An Extended Reporting Period endorsement is provided, as described in SECTION V EXTENDED REPORTING PERIODS.
- An Aggregate Limit applies as set forth in paragraph 3. below, to "claims" or "actions" first received and recorded during the
  Extended Reporting Period. This limit is equal to the Aggregate Limit entered on the Declarations in effect at the end of the
  policy period.
- 3. Paragraph 2. of SECTION III LIMITS OF INSURANCE is replaced by the following:

  The Policy Aggregate Limit is the most we will pay in excess of the Deductible for the sum of all "damages" and "defence costs" under this policy except for "claims" or "actions" first received and recorded during the tal Extended Reporting Period.

  The Policy Aggregate Limit is the most we will pay in excess of the Deductible for the sum of all "damages" and "defence costs" under this policy except for "claims" or "actions" first received and recorded during the Extended Reporting Period.
- 4. SECTION III LIMITS OF INSURANCE as amended by paragraph 3. above, is otherwise unchanged and applies in its entirety.
- 5. This endorsement will not take effect unless the additional premium for it, as set forth in SECTION V EXTENDED REPORTING PERIODS, is paid when due. If the premium is paid when due, this endorsement may not be cancelled.



Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, agreements, or limitations of the above mentioned policy, other than as above stated.

| Endorsement No. | Dated D/M/Y | Signed by                 |
|-----------------|-------------|---------------------------|
|                 |             | Authorized Representative |

Unless specifically endorsed on the "Declaration Page(s)", the limits stated below apply to the coverage, subject to the conditions,