

American Alternative Insurance Corporation

Policy Number
VHHH-HG-3050912-11/000

SCHEDULE OF FORMS AND ENDORSEMENTS

Named Insured HOSPICE OF SOUTHERN MAINE

Effective Date: 10-01-16
12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

COMMON POLICY FORMS AND ENDORSEMENTS

PROFESSIONAL LIABILITY FORMS AND ENDORSEMENTS

CG 21 70 ✓	01-15 ✓	CAP ON LOSSES FROM CERTD ACTS OF TERR
HGL101 ✓	02-05	HOSPICE & HOME HEALTHCARE (CLAIMS MADE)
HGL102 ✓	02-05	LEGAL EXPENSE REIMBURSEMENT COVERAGE ✓
HGL331 ✓	04-13	EXCLUSION - LIQUOR LIABILITY
HGL333 ✓	10-13	CYBER LIAB & PRIVACY CRISIS MGMT EXPENSE
HGL338 ✓	01-16	AMND END CYBR LIAB & PRIV CRISIS MGMT EX
IL 00 17 ✓	11-98	COMMON POLICY CONDITIONS
GGL300 ✓	01-05	MOBILE EQUIP SUBJECT/MOTOR VEHICLE LAWS
HGL320 ✓	07-12	AMENDATORY ENDORSEMENT
HGLME1 ✓	07-11	MAINE CHANGES
HGL304 ✓	02-05	BLANKET ADDITIONAL INSURED ✓
HGL305	02-05	EMPLOYEE BENEFITS LIABILITY COVERAGE ✓
HGL311	02-05	SEXUAL ABUSE VICARIOUS LIABILITY COV ✓

POLICYHOLDER NOTICES

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

HOSPICE AND HOME HEALTH CARE LIABILITY COVERAGE FORM

WHO IS AN INSURED (SECTION II) is changed to include as an additional insured any person(s) or organization(s) named as an additional insured on a certificate of insurance issued by us or our agent, but only with respect to liability for injury or damage caused in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations.

This endorsement does not apply to any "medical director", physician, physician's assistant, surgeon, dentist, psychiatrist, resident, intern, extern, chiropractor, acupuncturist, nurse practitioner, nurse midwife or certified registered nurse anesthetist.