

***In Facility Exclusion Endorsement***

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This Endorsement forms part of the Excess Loss Insurance Policy to which it is attached.

Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

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An additional provision is hereby added to Policy as follows:

**IN FACILITY COVERED EXPENSES** Covered Expenses incurred at \_\_\_\_\_ will be calculated at \_\_\_\_\_ when determining Losses relating to such expenses. The billed amounts to which the foregoing percentage is applied must be based on the level of charges and preferred provider organization discounts that are typical for patients utilizing these facilities.

All other provisions of the Excess Loss Insurance Policy remain unaffected by this Endorsement.

Executed at our Home Office.

*N. Stacy Bygn*

Secretary

*Heidi Hagen*

President

SPECIMEN