

FMM JUA

Premium Installment

This endorsement forms a part of Policy No. _____
issued by the company designated therein, and takes effect as of the
effective date of said policy unless another effective date is stated
herein.

Effective date 7/01/03 12:01 A.M. standard time
at the address of the **named insured** as stated herein.

Named Insured and Address

It is agreed that the ORIGINAL Premium of \$ 28, 442 will BE PAYABLE IN
(Insert "original" or "additional" or "return") (Insert "be payable in" or "reduce the")
Installments as outlined in "Schedule of Payments".

SCHEDULE OF PAYMENTS

No.	Due Date Of Payment	Individual Professional Liability	Partnership, Corporation or Association Professional Liability	Hospital Professional Liability	Total
1	7/01/03	\$11,377			\$11,377
2	9/29/03	* \$15 \$8,533			\$8,548
3	12/28/03	* \$15 \$8,532			\$8,547
4					
Totals		\$28,472			\$28,472

* INSTALLMENT CHARGE

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

This endorsement shall not be binding unless countersigned by a duly authorized representative of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized representative of the company shall constitute valid countersignature of this endorsement.

Countersigned by _____

Stuart Mitchell
Authorized Representative

**FLORIDA MEDICAL MALPRACTICE
JOINT UNDERWRITING ASSOCIATION**