

FMM JUA

Named Insured and Address

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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 _____ 12:01 A.M. standard time at the address of the named insured as stated herein.

INDIVIDUAL ADDITIONAL INTEREST ENDORSEMENT

IT is hereby understood and agreed that the following named doctor is, in addition to the named insured, also insured under this Policy No. _____, but only for services rendered during the period shown for below for and on behalf of the named insured. This addition shall not, however, cause the Company to provide a separate limit of liability; rather, the additional insured shares the limit of liability of the named insured physician, surgeon, or dentist shown in the declarations.

The above inclusion shall not cause the Company's total liability to exceed the stated limits of the policy.

Name of Additional Insured

Period of Coverage

From 12:01 a.m.,

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.

FLORIDA MEDICAL MALPRACTICE
JOINT UNDERWRITING ASSOCIATION

Countersigned by Stuart Mitchell
Authorized Representative

MP-37-0

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