

ENDORSEMENT

SPECIAL ACTIVITIES OR SERVICES EXCLUDED FROM COVERAGE

This Endorsement, effective at 12:01 a.m. on _____, forms part of


Policy No.
Issued to
Issued by

In consideration of the premium charged, it is hereby agreed that:

No coverage will be available under this Policy for any **Claim** based upon or arising out of, or in any way related to, the following types of services or activities by any of **You**, whether or not for a fee or other consideration:

ANY SERVICES PROVIDED BY YOU UNDER YOUR BACHELORS DEGREE IN _____,
UNLESS SUPERVISION IS BEING PROVIDED TO YOU BY AN INDIVIDUAL WHO HOLDS AT LEAST
A MASTERS DEGREE IN A MENTAL HEALTH FIELD.

All other terms, conditions and limitations of this Policy shall remain unchanged.



Authorized Representative

Sign: _____

Date: _____