



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DRI ENDORSEMENT

This endorsement changes the following:

Lawyers Professional Liability Insurance Policy

It is hereby agreed that the Policy is amended as follows:

1. Subsection II.F is deleted in its entirety and replaced with the following:
 - F. In the event an **Insured** receives a subpoena for documents or testimony arising out of **Professional Services** rendered by the **Insured** on or after the Retroactive Date, if applicable, and before the end of the **Policy Period**, and the **Insured** would like the **Insurer's** assistance in responding to the subpoena, the **Insured** may provide the **Insurer** with a copy of the subpoena and the **Insurer** will retain an attorney to provide advice regarding the production of documents, to prepare the **Insured** for sworn testimony, and to represent the **Insured** at the **Insured's** depositions, provided that:
 1. the subpoena arises out of a lawsuit to which the **Insured** is not a party;
 2. the **Insured** has neither been engaged to provide advice or testimony in connection with the lawsuit, nor has the **Insured** provided such advice or testimony in the past; and
 3. the subpoena is first received by the **Insured** during the **Policy Period**, or any Extended Reporting Period, if applicable,

Any notice the **Insured** gives the **Insurer** of such subpoena shall be deemed notification of a **Potential Claim** under Section VII of this Policy.

2. Subsection III.R.5 is deleted in its entirety and replaced with the following:
 5. Notary public;
3. Subsections IV.J, IV.K, IV.L, and IV.M are deleted in their entirety.
4. Section V. **LIMIT OF LIABILITY AND DEDUCTIBLE** is amended to add the following:

The **Named Insured's** Deductible is reduced by ten (10%) percent of the Deductible stated in Item 4 of the Declarations.

All other terms, conditions and exclusions remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective: _____ Policy No.: _____ Endorsement No. _____

Insured: _____ Premium: _____

Insurance Company: _____

Authorized Signature: _____

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