

	HEALTHCARE PROV	/IDERS PURCH	ASED EXTENDED REP	ORTING PERIOD	ENDORSEMENT - ALASKA	
	nsideration of the addi		solely with respect to any	/ Claims Made and	l Reported Coverage selected,	the
	PROFESSIONAL L	IABILITY COVE	RAGE PART			
Extended Reporting Period				Premium		
From	:	To:		\$		
	CYBER LIABILITY	AND FIRST PA	RTY LOSS (INCLUDING	PRIVACY) ENDO	PRSEMENT	
Extended Reporting Period				Premium		
From	:	To:		\$		
	graph B set forth in Sec llowing:	ction VIII, Extend	led Reporting Period, of t	he General Terms	and Conditions is amended to	add
For the coverage(s) selected above, the named insured has elected to purchase the extended reporting period . All terms and conditions in this Section will apply to claims first made and reported during such extended reporting period , as a result of a wrongful act that took place on or after the applicable retroactive date and prior to the end of the policy period . The selected extended reporting period applies only to the named insured . The duration of and additional premium associated with the applicable purchased extended reporting period is set forth above under the applicable selected coverage(s).						
The purchased extended reporting period will not take effect unless the additional premium for it is paid when due. If such premium is not paid when due, the extended reporting period will not become effective and the named insured will have waived the right to purchase the extended reporting period . If the premium is paid when due, this extended reporting period may not be cancelled.						
Further, there will be no additional Limits of Liability for any purchased extended reporting period . The applicable Limit of Liability will be the limit that is in effect at the end of the policy period . The Limits of Liability are not reinstated or increased for any claim first made and reported during the Purchased Extended Reporting Period.						
All oth	ner terms and condition	ns of the Policy r	remain unchanged.			
on the		d Policy at the h			e designated Insurers, takes e effective date is shown below,	

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Policy No: Endorsement No: Effective Date:

Insured Name: