

**EMPLOYMENT PRACTICES
LIABILITY INSURANCE
ENDORSEMENT**

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

SERVICE OF SUIT ENDORSEMENT

This endorsement modifies your Policy as follows:

It is agreed that in the event of our failure to pay any amount claimed to be due under this policy, we will, at the request of the insured, submit to the jurisdiction of a Court of competent jurisdiction with the United States. Nothing in this Clause constitutes or should be understood to constitute a waiver of our rights to commence an action in any Court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another Court as permitted by the laws of the United States or of any State in the United States. It is further agreed that service of process in such suit may be made upon Wilson, Elser, Moskowitz, Edelman & Dicker LLP, 150 East 42nd Street, New York, New York 10017.

The above-named are authorized and directed to accept service or process on our behalf in any such suit and/or upon the request of the insured to give a written undertaking to the insured that they will enter a general appearance on our behalf in the event such a suit shall be instituted.

Further, pursuant to any statute of any state, territory or district of the United States which makes provision therefore, we hereon hereby designate the Superintendent, Commissioner or Director of Insurance or other office specified for that purpose in the statute, or his successor or successors in office, as their true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the insured or any beneficiary hereunder arising out of this policy, and hereby designate the aforesaid Wilson, Elser, Moskowitz, Edelman & Dicker LLP as the firm to whom the said officer is authorized to mail such process or a true copy thereof.

This endorsement changes the Policy to which it is attached effective on the inception date of the Policy unless a different date is indicated below. All other terms and conditions of this Policy remain unchanged.

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

NAMED INSURED:

POLICY NUMBER:

ENDORSEMENT NUMBER:

ENDORSEMENT EFFECTIVE:

Signed _____ By _____
(Date) (Authorized Representative)