

**PROFESSIONAL CAPACITY ENDORSEMENT**

**Professional Services Insured**

Section I of the INSURING AGREEMENTS is hereby deleted and replaced with the following:

**I. COVERAGE-PROFESSIONAL LIABILITY:**

The Insurers will pay, on behalf of the Insured, all sums which the Insured shall become legally obligated to pay as "damages" by reason of liability arising out of any negligent act, error or omission in rendering or failing to render professional services as a Collection Agent, whether committed by the Insured, any person employed by the Insured or by others from whom the Insured is legally responsible.

For purposes of this Certificate, the term "Collection Agent" shall mean the business solely of collecting funds that are legally owed to a third party on behalf of the third party for a fee.

**Additional Exclusions**

The following exclusions are hereby added to the EXCLUSIONS section of the Certificate:

**I. The Insuring Agreements and all other provisions of this Certificate shall not apply to claims or "costs, charges and expenses" for, arising out of, or alleging:**

- (m) liability arising from violation of any state or federal laws with respect to collection of funds.
- (n) commingling of funds or accounts, sums received by any Insured or credited to any Insured's account, claims for fees, premiums taxes, commissions or brokerage monies.
- (o) excessive or unwarranted fees or charges of any description.
- (p) the performance of any professional services as an attorney other than as a Collection Agent as defined herein.

**All other terms and conditions of the Certificate remain unchanged.**

The effective date and hour of this endorsement is stated below and reference to hour shall be Standard Time at the address of the named insured as stated in the Certificate. This endorsement shall terminate with the Certificate.

This endorsement is subject to the declarations, conditions, and other terms of the Certificate which are not inconsistent herewith, and when countersigned by an authorized representative of the Insurers, forms a part of the Certificate described below.

Issued to .....

|                             |                          |                             |   |
|-----------------------------|--------------------------|-----------------------------|---|
| Certificate Number .....    | Endorsement Number ..... | Endorsement Effective ..... | M .....                                       |
|                             |                          | (HOUR)                      | (MONTH) (DAY) (YEAR)                          |
| Certificate Effective ..... |                          |                             | <b>Professional Underwriters Agency, Inc.</b> |
|                             | (MONTH)                  | (DAY)                       | (YEAR)  |

Signed at .....

(MONTH) (DAY) (YEAR)

**SPECIMEN**  
Correspondent