



- Medical Professional Mutual Insurance Company
- ProSelect Insurance Company
- ProSelect National Insurance Company, Inc.

Healthcare Facility	Policy Number
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For Community Health Centers:

The Federally Supported Health Centers Assistance Act of 1992 (Public Law 102-501) amended Section 224(a) of the Public Health Service Act (42 U.S.C. § 233) to make certain recipients of Federal grants, including Community Health Centers, their officers, employees and contractors, “employees” of the Public Health Services (“PHS”) for purposes of extending the application of the Federal Tort Claims Act (“FTCA”) to malpractice claims asserted against such Community Health Centers and eligible individuals. To the extent that the alleged professional liability arises out of medical, surgical, dental, or related functions performed in connection with the approved Federal project, the Community Health Centers and individuals will be deemed to be PHS employees and the exclusive remedy for the professional liability claim will be a claim under the FTCA. If the claim arises out of services unrelated to the Federal project, the FTCA will not apply and the Community Health Center will need insurance. As a result, the Community Health Center will qualify for the FTCA credit to reflect the reduced exposure arising out of the exclusion of professional liability covered by the FTCA.

To qualify for the Federal Tort Claims Act (“FTCA”) discount, please provide the percentage of the Community Health Center’s overall expenses covered by Federal grants. _____%

BY SIGNING THIS ADDENDUM, THE APPLICANT CERTIFIES UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE FOREGOING REPRESENTATIONS ARE TRUE AND THAT THEY ARE MADE BY THE APPLICANT IN ORDER TO RECEIVE A CREDIT OF ITS OTHERWISE APPLICABLE PREMIUM FOR PROFESSIONAL LIABILITY INSURANCE COVERAGE. THE APPLICANT AGREES THAT THE TERMS AND CONDITIONS OF THIS ADDENDUM SHALL BE DEEMED INCORPORATED INTO THE TERMS AND CONDITIONS OF ITS PROFESSIONAL LIABILITY POLICY AND THEY SHALL HAVE THE SAME FORCE AND EFFECT AS IF THEY WERE INCLUDED THEREIN.

Date

Signature of Applicant