

RETROACTIVE DATE LIMITATION ENDORSEMENT – INDIVIDUAL

NAMED INSURED _____

This endorsement, effective 12:01 A.M. _____ forms a part of Policy No. _____

It is agreed that this policy shall not apply to **claims** arising from acts or omissions or **related acts or omissions** in the rendering of or failure to render **legal services** that occurred prior to the Retroactive Date for the **Insured(s)** listed below.

_____ **Insured**

_____ Retroactive Date