

Effective date of this Endorsement: <Effective Date>  
This Endorsement is attached to and forms a part of Policy Number: <Policy Number>  
<Insurer> Referred to in this endorsement as either the “Insurer” or the “Underwriters”

## **NOTICE TO VIRGINIA INSUREDS**

### **IMPORTANT INFORMATION REGARDING YOUR INSURANCE**

<POLICY NAME>

This Policy is a claims-made and reported liability insurance policy. Please read this Policy carefully to understand the coverage. There are certain circumstances in which the **Named Insured** must be provided the opportunity to purchase an **Optional Extension Period** for reporting **Claims**. These are explained in this Policy. If you have any questions regarding the cost of an **Optional Extension Period** or the available options under the **Optional Extension Period**, please contact your broker.