

**HEALTHCARE PROVIDERS
PROFESSIONAL LIABILITY INSURANCE ENDORSEMENT**

**CANCELLATION AND NON-RENEWAL ENDORSEMENT
STATE OF ALASKA**

It is hereby agreed that Common Policy Conditions, XIII. NON-RENEWAL/CANCELLATION is deleted in its entirety and replaced with the following:

XIII. NON-RENEWAL/CANCELLATION

A. Cancellation by the **named insured**

The **named insured** has the right to cancel this Policy at any time by giving notice to us stating when thereafter the cancellation shall be effective. If this policy is canceled, we will return any premium refund due.

If the first **named insured** cancels, the refund will be the pro rata unearned premium minus a cancellation fee of 7.5% of the pro rata unearned premium.

B. Cancellation by us

We have the right to cancel this Policy for any underwriting reasons. We will provide the following notice requirements:

1. 20 days notice if cancellation is because of:
 - (a) nonpayment, or
 - (b) failure or refusal of the insured to provide the information necessary to confirm the exposure or necessary to determine the policy premium.
2. 10 days notice if cancellation is because of:
 - (a) conviction of the insured of a crime having one of its elements an act increasing a hazard insured against, or
 - (b) discovery of fraud or material misrepresentation made by the insured, or a representative of the insured, in obtaining the insurance, or by the insured in pursuing a claim under the policy.

3. 60 days notice - all other reasons.

All notices shall state the reason for cancellation.

If we cancel, we will return, as the refund, the pro rata unearned premium to the first **named insured** or, if applicable, to the premium finance company.

C. Non-Renewal by us

We have the right to non-renew this Policy effective on any policy anniversary date. All notices of non-renewal must be mailed to the **named insured** at the last mailing address known to us, at least forty-five (45) days prior to the effective date of non-renewal and shall provide a specific explanation of the reason(s) for non-renewal.

D. Notice

A forty-five (45) day written notice is required:

1. In the event of a premium increase of more than 10% that is for a reason other than an increase in coverage or exposure; or
2. A material restriction or reduction in coverage that the insured did not request.

Specimen

This endorsement is a part of **your** policy and takes effect on the effective date of **your** policy, unless another effective date is shown below. All other provisions of the policy remain unchanged.

<i>Must Be Completed</i>	
ENDT. NO. 1	POLICY NO.

<i>Complete Only When This Endorsement Is Not Prepared with the Policy Or Is Not to be Effective with the Policy</i>	
ISSUED TO	ENDORSEMENT EFFECTIVE DATE