

**HEALTHCARE PROVIDERS
PROFESSIONAL LIABILITY INSURANCE ENDORSEMENT**

CANCELLATION AND NON-RENEWAL ENDORSEMENT

STATE OF DELAWARE

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 the Policy is so canceled, earned premium shall be computed pro rata.

B. Cancellation by us

1. We have the right to cancel this Policy at any time and for any reason within the first sixty (60) days. We must mail notice of cancellation at least ten (10) days prior to the effective date of such cancellation. If we cancel for non-payment of premium the notice may be sent by regular mail. If we cancel for any other reason the notice must be sent by certified mail.

2. After this Policy has been in effect for sixty-one (61) days or more, it may be canceled for one of the following reasons:

- a. Nonpayment;
- b. Material misrepresentation or nondisclosure of a material fact;
- c. Increased hazard or material change in the risk;
- d. Substantial breaches of contractual duties;
- e. Fraudulent acts by the insured against the insurer;
- f. If the insured does not cooperate with the insurer in loss control efforts;
- g. Loss of reinsurance;
- h. Material increase in exposure due to changes in case law;
- i. Loss of insurance capacity.

We must mail notice of cancellation at least sixty (60) days prior to the effective date of such cancellation. If we cancel for non-payment of premium, we must mail notice of cancellation at least ten (10) days prior to the effective date of such cancellation. If we cancel for non-payment of premium the notice may be sent by regular mail. If we cancel for any reason specified above the notice must be sent by certified mail. All notices shall state the reason for cancellation.

C. Non-Renewal by us

We have the right to non-renew this Policy effective of any policy anniversary date. All notices of non-renewal must be mailed via certified mail to the **named insured** at the last mailing address known to us, at least sixty (60) days prior to the effective date of non-renewal and shall provide a specific explanation of the reason(s) for non-renewal.

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>		<i>Complete Only When This Endorsement Is Not Prepared with the Policy Or Is Not to be Effective with the Policy</i>	
ENDT. NO. 1	POLICY NO.	ISSUED TO	ENDORSEMENT EFFECTIVE DATE