

**HEALTHCARE PROVIDERS  
PROFESSIONAL LIABILITY INSURANCE ENDORSEMENT**

**CANCELLATION AND NON-RENEWAL ENDORSEMENT**

**STATE OF MAINE**

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 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 prior to the effective date of such cancellation. Cancellation will be effective ten (10) days after the **named insured** receives such cancellation notice. A United States Post Office certificate of mailing will be conclusive proof of receipt on the third calendar day after mailing.

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. Fraud or material misrepresentation;
- c. Substantial change in the risk insured against;
- d. Failure to comply with loss control recommendations;
- e. Substantial breach of contractual duties, conditions or warranties;
- f. Determination by the Commissioner that continuation of the policy would place the insurer in violation of law; or would jeopardize the insurer's solvency.

We must mail notice of cancellation prior to the effective date of such cancellation. Cancellation will be effective ten (10) days after the **named insured** receives such cancellation notice. A United States Post Office certificate of mailing will be conclusive proof of receipt on the third calendar day after mailing.

3. All notices shall state the reason for cancellation.

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, prior to the effective date of non-renewal and shall provide a specific explanation of the reason(s) for non-renewal. Non-renewal will be effective thirty (30) days after the **named insured** receives such non-renewal notice. A United States Post Office certificate of mailing will be conclusive proof of receipt on the third calendar day after mailing.

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