

**HEALTHCARE PROVIDERS  
PROFESSIONAL LIABILITY INSURANCE ENDORSEMENT**

**CANCELLATION AND NON-RENEWAL ENDORSEMENT**

**STATE OF HAWAII**

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

We may cancel this policy for one of the following reasons:

- a. Failure to pay a premium when due;
- b. Fraud or material misrepresentation;
- c. Risk hazard increases substantially and the insurer could not have reasonably foreseen the change when entering into the contract;
- d. Substantial breaches of contractual duties, conditions, or warranties;
- e. Violation of any local fire, health, or safety statute or ordinance;
- f. Conviction of the **named insured** for a crime having as one of its necessary elements, an act increasing any hazard that is insured against;
- g. The insurance commissioner determines that the continuation of the policy places the insurer in violation of chapter 431 of the Hawaii Revised Statutes;
- h. For any good faith reason with the approval of the insurance commissioner.

We must mail notice of cancellation at least thirty (30) 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 thirty (30) days prior to the effective date of such 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, 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.

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