

**HEALTHCARE PROVIDERS
PROFESSIONAL LIABILITY INSURANCE ENDORSEMENT**

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

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 cancelled, 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 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 ten (10) days prior to the effective date of such cancellation.

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. Policy obtained through material misrepresentation;
- c. Any insured violated the terms and conditions of the policy;
- d. The risk originally accepted has measurably increased;
- e. Certification to the Director of loss of reinsurance;
- f. Determination by the Director that continuation of the policy could place insured in violation of law.

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.

3. 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 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