

**HEALTHCARE PROVIDERS
PROFESSIONAL LIABILITY INSURANCE ENDORSEMENT**

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

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 ninety (90) days prior to the effective date of such cancellation.
2. After this Policy has been in effect for sixty-one (61) days or more or is a renewal of a policy issued by us, it may be canceled only for one of the following reasons:
 - a. Nonpayment;
 - b. Conviction of a crime arising out of acts that increase the hazard insured against;
 - c. Discovery of fraud or material misrepresentation by the insured in obtaining the policy or in perfecting any claim thereunder;
 - d. Discovery of any willful or reckless act or omission by the insured that increase the hazard insured against;
 - e. Physical changes in the property which increase the hazard insured against;
 - f. A determination by the Commissioner that continuation of the policy would violate or place the insurer in violation of the law;
 - g. A material increase in the hazard insured against;
 - h. A substantial loss of reinsurance by the insurer that affects this particular line of insurance.

We must mail notice of cancellation at least ninety (90) days prior to the effective date of such cancellation.

3. Notice of cancellation will be delivered or sent by registered mail, certified mail, or by mail evidenced by a United States Post Office certificate of mailing.

C. Non-Renewal by us

We have the right to non-renew this Policy. All notices of non-renewal must be mailed to the **named insured** at the last mailing address known to us, at least ninety (90) days prior to the effective date of non-renewal and shall provide a specific explanation of the reason(s) for non-renewal. Notice of non-renewal will be delivered or sent by registered mail, certified mail, or by mail evidenced by a United States Post Office certificate of 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