

**HEALTHCARE PROVIDERS  
PROFESSIONAL LIABILITY INSURANCE ENDORSEMENT**

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

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 valid reason within the first eighty-nine (89) days. We must mail notice of cancellation at least thirty (30) days prior to the effective date of such cancellation.
2. After this Policy has been in effect for ninety (90) days or more, it may be canceled for one of the following reasons:
  - a. Nonpayment;
  - b. Material misrepresentation or fraud;
  - c. Any insured violated the terms and conditions of the policy;
  - d. The risk originally accepted has measurably increased;
  - e. Loss of reinsurance;
  - f. Determination by the Commissioner that continuation of the policy could place insurer in violation of Minnesota insurance law;
  - g. Refusal to eliminate known conditions that may increase loss potential.

If we cancel for reasons b – g above, we must mail notice of cancellation at least sixty (60) days prior to the effective date of such cancellation.

3. 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. Notice will also include the amount of premium due, the due date and the effect of non-payment by the due date. However, the **named insured** may continue the coverage by payment in full at any time prior to the date the cancellation is effective.
4. All notices shall state the reason for cancellation.
5. Unless otherwise specifically required, proof of mailing of any notice shall be sufficient proof of notice.

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.

D. Conditional Renewal by us

If we conditions renewal of this policy at less favorable terms as to the dollar amount of coverage, deductibles, higher rates or rating plans, such less favorable terms will take effect on the renewal date if we have notified the **named insured** of the less favorable terms at least 60 days prior to the effective date of such renewal.

If we have not given such advance notice, the **named insured** may cancel the renewal policy within 60 days after receiving notice, and any earned premium shall be calculated on a pro-rata basis.

This provision does not apply to guide "A" rates or excess rates commonly referred to as "consent to rate".

Specimen

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