

**HEALTHCARE PROVIDERS
PROFESSIONAL LIABILITY INSURANCE ENDORSEMENT**

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

It is hereby agreed that Common Policy Conditions XIII Non-Renewal/Cancellation are deleted and replaced with the following:

Cancellation and Non-Renewal

1. 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.

2. Cancellation by us

If the Policy is canceled we must mail notice of cancellation, accompanied by the actual reason therefor, at least forty-five (45) 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.

Like notice of cancellation must also be sent to each mortgagee, pledgee or other person shown by the policy to have an interest in any loss which may occur thereunder.

3. 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 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.

Whenever a notice of cancellation or non-renewal or an offer to renew is furnished to an insured in accord with any provision of this chapter, a copy of such notice or offer shall be provided within five working days to the agent on the account or to the broker of record for the insured. When possible, the copy to the agent or broker may be provided electronically.

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