

**HEALTHCARE PROVIDERS  
PROFESSIONAL LIABILITY INSURANCE ENDORSEMENT**

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**CANCELLATION AND NON-RENEWAL ENDORSEMENT  
STATE OF NEW MEXICO**

It is hereby agreed that Common Policy Conditions number XIII Non-Renewal/Cancellation is deleted in its entirety 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. The effective date of cancellation cannot be sooner than 10 days after we receive the request. We must and will also notify the New Mexico Superintendent of Insurance of the **named insured's** request to cancel this policy. If the Policy is so canceled, earned premium shall be computed pro rata.

2. Cancellation by us

We have the right to cancel this Policy by mailing notice of cancellation, by Certified Mail, at least ninety (90) days prior to the effective date of such cancellation. We must and will also notify the New Mexico Superintendent of Insurance. 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. In cases of non-payment of premium, such notice will be done immediately upon policy termination. In all other cases, the notice will be sent with the same 90-day notice.

3. 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, by Certified Mail, 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 will also be sent, by Certified Mail, to the New Mexico Superintendent of Insurance.

4. Renewal

We will provide 30 days advanced written notice if we are renewing the policy with any limitation, restriction in coverage, or change in deductible.

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<br/>Or Is Not to be Effective with the Policy</i> |                            |
|--------------------------|------------|--|----------------------------|
| ENDT. NO.<br>1           | POLICY NO. | ISSUED TO  | ENDORSEMENT EFFECTIVE DATE |