

**HEALTHCARE PROVIDERS  
PROFESSIONAL LIABILITY INSURANCE ENDORSEMENT**

**CANCELLATION AND NON-RENEWAL ENDORSEMENT**

**STATE OF MASSACHUSETTS**

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**

We have the right to cancel this Policy only for one or more of the following reasons:

- a. Nonpayment of premium;
- b. Criminal acts committed by or at the direction of the insured;
- c. Suspension or revocation of the applicable license issued to **you** to operate as a registered nurse, physical therapist, or other health care provider;
- d. Determination by the Commissioner that continuation of the policy could place the insurer in violation of law.

We must mail notice of cancellation, by first class mail, 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. All notices shall state the reason for cancellation.

**C. Non-Renewal by us**

We have the right to non-renew this Policy effective as of any policy anniversary date but only for one or more of the following reasons:

- a. Nonpayment of premium;
- b. Criminal acts committed by or at the direction of the insured;
- c. Suspension or revocation of the applicable license issued to **you** to operate as a registered nurse, physical therapist, or other health care provider;
- d. Determination by the Commissioner that continuation of the policy could place the insurer in violation of law.

All notices of non-renewal must be mailed by first class mail 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.	POLICY NO.	ISSUED TO	ENDORSEMENT EFFECTIVE DATE
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