

**HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY
 CANCELLATION AND NON-RENEWAL ENDORSEMENT
 STATE OF VIRGINIA**

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. If the Policy is so canceled, earned premium shall be computed pro rata.

2. Cancellation by us

We may cancel any policy, subject to these cancellation requirements, regardless of the period of time in force, for any reason, except the prohibited reasons, subject to compliance with the notice requirements.

We must mail notice of cancellation 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 fifteen (15) days prior to the effective date of such cancellation.

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.

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