

**HEALTHCARE PROVIDERS  
PROFESSIONAL LIABILITY INSURANCE ENDORSEMENT**

**CANCELLATION AND NON-RENEWAL ENDORSEMENT**

**STATE OF COLORADO**

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 reason within the first sixty (60) days. We must mail notice of cancellation at least thirty (30) 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.
2. After this Policy has been in effect for sixty-one (61) days or more, it may be canceled for one of the following reasons:
  - a. Nonpayment;
  - b. The insured's professional license has been suspended or revoked
  - c. Policy obtained through material misrepresentation;
  - d. The risk originally accepted has measurably increased.

We must mail notice of cancellation at least ninety (90) 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. If we cancel for non-payment of premium the notice will specify that as the reason for cancellation.

C. 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, 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.

D. Changes

If the renewal of this Policy will be subject to an increase in premium or a reduction in coverage, we will provide written notice to the **named insured** of our intention to increase premium or reduce coverage, including the reason, at the last mailing address known to us at least ninety (90) days before the effective date.

Any decrease in coverage must be based on one or more of the following reasons:

1. non-payment of premium;
2. a false statement knowingly made by an insured on the application for insurance; or,
3. a substantial change in the exposure or risk other than that indicated in the application and underwritten as of the effective date of the Policy unless the **named insured** has notified us of the change and we accept such change.

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