

**HEALTHCARE PROVIDERS  
PROFESSIONAL LIABILITY INSURANCE ENDORSEMENT**

**CANCELLATION AND NON-RENEWAL ENDORSEMENT**

**STATE OF IOWA**

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. If we cancel for loss of reinsurance, we must mail notice of cancellation at least thirty (30) days prior to the effective date of such cancellation. If we cancel for any other reason, 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 only for one of the following reasons:

- a. Nonpayment of premium;
- b. Fraud or material misrepresentation;
- c. Insured's acts or omissions that substantially change or increase the risk;
- d. Commissioner's determination that the continuation of the policy would jeopardize the insurer's solvency or place insurer in violation of any state insurance laws.
- e. Insured acts in a manner which he knew or should have known was a breach of a policy condition;
- f. Loss of reinsurance if Commissioner determines such cancellation is justified.

If we cancel for loss of reinsurance, we must mail notice of cancellation at least thirty (30) days prior to the effective date of such cancellation. If we cancel for any other reason, we must mail notice of cancellation at least ten (10) days prior to the effective date of such cancellation.

3. All notices shall state 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 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