

CANCELLATION AND NON-RENEWAL AMENDATORY ENDORSEMENT - FLORIDA

In consideration of the premium, the policy is amended as follows:

- I. Section XVIII, Cancellation is deleted and replaced with the following:
 - A. The **named insured** may cancel this policy at any time by:
 - (i) returning the policy to us or any of our authorized representatives, indicating the effective date of cancellation; or
 - (ii) providing a written notice to us stating when the cancellation is to be effective.

We must receive the policy or written notice before the cancellation date.

- B. We may cancel this policy by giving written notice to the **named insured** at least:
 - (i) ten (10) days for cancellation for non-payment of premium; or
 - (ii) ninety (90) days for cancellation for any other reason,

prior to the effective date of cancellation.

- C. If this policy has been in effect for sixty (60) days or less, we may cancel for any reason.
- D. If the policy has been in effect for more than sixty (60) days, the Insurer may not cancel the policy unless such cancellation is based on one or more of the following reasons:
 - (i) nonpayment of premium;
 - (ii) a material misstatement;
 - (iii) a failure to comply with underwriting requirements established by the Insurer within sixty (60) days of the date of effectuation of coverage;
 - (iv) a substantial change in the risk covered by the policy;
 - (v) when the cancellation is for all **insureds** under such policies for a given class of **insureds**.
- E. The notice of cancellation will state the reason and effective date of cancellation. The policy will end on that date.
- F. The notice of cancellation will be sent by registered mail, certified mail or by mail evidenced by a United States Post Office proof of mailing form.
- G. If we cancel, the refund will be pro rata. If the **named insured** cancels, the refund may be less than pro rata. The refund is to be mailed within fifteen (15) working days after the effective date of the cancellation. The cancellation will be effective even if we have not made or offered a refund.
- H. We will promptly notify the Department of Health of the cancellation of a physician's professional liability insurance. The notice will be sent to:

Florida Department of Health 4052 Bald Cypress Way Tallahassee. FL 32399

CNA101512FL (10-23)
Page 1

Policy No: Endorsement No: Effective Date:

Insured Name:



- Section XIX, Non-Renewal is deleted and replaced with the following:
 - A. We reserve the right to non-renew this policy by providing written notice to the named insured at least ninety (90) days prior to the expiration date.
 - B. Notice will be sent by registered mail, certified mail or by mail evidenced by a United States Post Office proof of mailing form.
 - C. The notice will state the reason for non-renewal.
- III. The policy is amended to include the following:

Renewal

- A. The insurer shall give the **named insured** advance written notice of the renewal premium at least ninety (90) days prior to the expiration date.
- B. If the renewal policy contains a change in policy terms, the insurer shall give the **named insured** advance written notice summarizing the modification, addition, or deletion of any term, coverage, duty, or condition in policy terms at least ninety (90) days prior to the expiration date. The notice shall be entitled "Notice of Change in Policy Terms" and may be included with the written notice of renewal premium or mailed separately.
- C. A copy of the notice must be provided to the agent before or at the same time that notice is provided to the named insured.
- D. Receipt of the premium payment for the renewal policy by the insurer is deemed to be acceptance of the new policy terms by the named insured.
- E. If the insurer fails to provide the notice required the original policy terms remain in effect until the next renewal or until the effective date of replacement coverage obtained by the named insured, whichever occurs first.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy, unless another effective date is shown below, and expires concurrently with said Policy.

CNA101512FL (10-23)

Policy No: **Endorsement No:**

Page 2

Effective Date:

Insured Name: