

CANCELLATION AND NON-RENEWAL AMENDATORY ENDORSEMENT - MASSACHUSETTS

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) five (5) days for cancellation for any other reason,

prior to the effective date of cancellation.

- C. The notice of cancellation will state the effective date of cancellation and the policy will end on that date.
- D. If the reason for cancellation is non-payment of premium, the **named insured** may continue the coverage and avoid the effect of the cancellation by payment at any time prior to the effective date of cancellation.
- E. If the notice of cancellation is improper then the cancellation is invalid.
- F. If we cancel, the refund will be pro rata. If the **named insured** cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
- II. 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 forty-five (45) days prior to the expiration date.
 - B. Reasons for non-renewal must be specific and reflect a sound underwriting reason.

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.

CNA101512MA (7-23)

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Endorsement No:

Effective Date:

Insured Name: