



## CANCELLATION AND NON-RENEWAL ENDORSEMENT

### ALASKA

In consideration of the payment of the premium, notwithstanding anything to the contrary in the Policy, the Cancellation and Non-renewal provision is as follows:

#### Cancellation/Nonrenewal

##### 1. Cancellation by the **Named Insured**

The **Named Insured** has the right to cancel his or her **Certificate of Insurance** at any time by giving notice to the Insurer stating when thereafter the cancellation shall be effective. If the **Certificate of Insurance** is canceled, the Insurer will return any premium refund due.

If the **Named Insured** cancels, the refund will be the pro rata unearned premium minus a cancellation fee of 7.5% of the pro rata unearned premium.

##### 2. Cancellation by the Insurer

The Insurer has the right to cancel the **Named Insured's Certificate of Insurance** for any underwriting reasons. The Insurer will provide the following notice requirements:

###### a. 20 days notice if cancellation is because of:

- (1) nonpayment, or
- (2) failure or refusal of the **Named Insured** to provide the information necessary to confirm the exposure or necessary to determine the **Certificate of Insurance** premium.

###### b. 10 days notice if cancellation is because of:

- (1) conviction of the **Insured** of a crime having one of its elements an act increasing a hazard insured against, or
- (2) discovery of fraud or material misrepresentation made by the **Insured**, or a representative of the **Insured**, in obtaining the insurance, or by the **Insured** in pursuing a claim under the **Certificate of Insurance**.

###### c. 60 days notice - all other reasons.

All notices shall be mailed to the **Named Insured** at the last mailing address known to the Insurer and shall state the reason for cancellation. The Insurer will obtain a United States Post Office certificate of mailing for each notice.

If the Insurer cancels, the Insurer will return, as the refund, the pro rata unearned premium to the **Named Insured** or, if applicable, to the premium finance company before the effective date of cancellation. Except that unearned premium will be returned to the **Named Insured** within forty-five (45) days after notice of cancellation is given, if cancellation is for:

1. nonpayment, or
2. conviction of the **Insured** of a crime having one of its elements an act increasing a hazard insured against, or
3. discovery of fraud or material misrepresentation made by the **Insured**, or a representative of the **Insured**, in obtaining the insurance, or by the **Insured** in pursuing a claim under the **Certificate of Insurance**, or
4. failure or refusal of the **Insured** to provide the information necessary to confirm the exposure or necessary to determine the **Certificate of Insurance** premium.



3. Non-Renewal by the Insurer

The Insurer has the right to non-renew the **Named Insured's Certificate of Insurance** effective on any **Certificate of Insurance** anniversary date. All notices of non-renewal must be mailed to the **Named Insured** at the last mailing address known to the Insurer, 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.

4. Notice

A forty-five (45) day written notice is required:

- a. In the event of a premium increase of more than 10% that is for a reason other than an increase in coverage or exposure; or
- b. A material restriction or reduction in coverage that the **Named Insured** did not request.

This endorsement is attached to the **Named Insured's Certificate of Insurance** and amends the **Insured's** coverage under the Master Policy. It takes effect on the effective date of the **Named Insured's Certificate of Insurance**, unless another effective date is shown below. All other provisions of the **Insured's** coverage under the policy remain unchanged.

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 and expires concurrently with said Policy unless another effective date is shown below.

By Authorized Representative \_\_\_\_\_  
(No signature is required if issued with the Policy or if it is effective on the Policy Effective Date)