



**CANCELLATION AND NON-RENEWAL ENDORSEMENT**

**SOUTH DAKOTA**

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 so canceled, earned premium shall be computed pro rata.

2. Cancellation by the Insurer

After the **Named Insured's Certificate of Insurance** has been in effect for sixty (60) days or more, it may be canceled for one of the following reasons:

- a. Nonpayment;
- b. Fraud or material misrepresentation on the application, **certificate of Insurance** obtained through fraud or material misrepresentation, or fraud or material misrepresentation in pursuit of a claim;
- c. Any **Insured** violated the terms and conditions of the coverage;
- d. Substantial increase in risk;
- e. Acts or omissions of Insured which increase hazards;
- f. Determination by the Commissioner of Insurance that continuation of the policy could place Insured in violation of South Dakota law or the laws of any other state or threaten the Insurer's insolvency;
- g. Any other reasons that are approved by the Commissioner

The Insurer must mail notice of cancellation at least twenty (20) days prior to the effective date of such cancellation.

3. Non-Renewal by the Insurer

The Insurer has the right to non-renew the **Named Insured's Certificate of Insurance** effective of 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 sixty (60) 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 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)