



## CANCELLATION AND NON-RENEWAL ENDORSEMENT

### FLORIDA

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

a. The Insurer has the right to cancel the **Name Insured's Certificate of Insurance** at any time and for any reason within the first ninety (90) days. The Insurer must mail notice of cancellation at least twenty (20) days prior to the effective date of such cancellation. If the Insurer cancels for non-payment of premium, the Insurer must mail notice of cancellation at least ten (10) days prior to the effective date of such cancellation. However, the Insurer may cancel "immediately" for material misrepresentation or failure to comply with underwriting requirements.

b. After the **Name Insured's Certificate of Insurance** has been in effect for ninety-one (91) days or more, it may be canceled for one of the following reasons:

- (1) Nonpayment;
- (2) **Certificate of Insurance** obtained through material misrepresentation;
- (3) The **Named Insured** violated the terms and conditions of the policy;
- (4) The risk originally accepted has measurably increased;
- (5) The cancellation is for all Insured's under such coverages for a given class of Insured's.

The Insurer must mail notice of cancellation at least forty five (45) days prior to the effective date of such cancellation. If the Insurer cancels for non-payment of premium, the Insurer must mail notice of cancellation at least ten (10) 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 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.

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