

Endorsement No. _____

Effective Date: _____ @12:01 a.m. Standard Time at the address of the **Named Insured**

Policy Number: _____

Insured Name: _____

Issuing Company: _____

Additional (Return) Premium: _____

If the Endorsement Effective Date is blank, then the effective date of this Endorsement is the Inception Date of the Policy.

CANCELLATION AND NONRENEWAL ENDORSEMENT – INDIANA

It is agreed that:

Except as specifically set forth herein, any Cancellation or Nonrenewal provision in this policy is replaced by the following. If the policy does not contain a Cancellation and/or Nonrenewal provision, the following is added to the policy:

1. Cancellation

a. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance notice of cancellation. Such advance notice of cancellation should be mailed or delivered to the address indicated in the Declarations under the item entitled Notices to Insurer.

b. Cancellation Of Policies In Effect

(1) 90 Days Or Less

If this policy has been in effect for 90 days or less, we may cancel this policy by mailing to the first Named Insured written notice of cancellation at least:

- (a) 10 days before the effective date of cancellation if we cancel for nonpayment of premium;
- (b) 20 days before the effective date of cancellation if you have perpetrated a fraud or material misrepresentation on us; or
- (c) 30 days before the effective date of cancellation if we cancel for any other reason.

(2) More Than 90 Days

If this policy has been in effect for more than 90 days or is a renewal of a policy we issued, we may cancel this policy only for one or more of the reasons listed below by mailing to the first Named Insured written notice of cancellation at least:

- (a) 10 days before the effective date of cancellation if we cancel for nonpayment of premium;
- (b) 20 days before the effective date of cancellation if you have perpetrated a fraud or material misrepresentation on us; or
- (c) 45 days before the effective date of cancellation if:
 - i There has been a substantial change in the scale of risk covered by this policy;
 - ii Reinsurance of the risk associated with this policy has been cancelled; or
 - iii You have failed to comply with reasonable safety recommendations.

c. We will mail our notice to the first Named Insured's last mailing address known to us.

d. Notice of cancellation will state the effective date of cancellation and will be effective for all Insureds. All coverage will end on the effective date of cancellation.

- e. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the premium refund will be pro rata. If the first 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 premium refund.
- f. Proof of mailing will be sufficient proof of notice.

2. Nonrenewal

- a. If we elect not to renew this policy, we will mail to the first Named Insured written notice of nonrenewal at least 45 days before:
 - (1) The expiration date of this policy, if the policy is written for a term of one year or less; or
 - (2) The anniversary date of this policy, if the policy is written for a term of more than one year.
- b. We will mail notice to the first Named Insured's last mailing address known to us. Proof of mailing will be sufficient proof of notice.

As used herein, "us" and "we" refers to the insurance company named on the Declarations.

As used herein, "you", "your" or "named insured" refers to the person or entity first named as such on the Declarations.

If any provision of the policy contains cancellation or nonrenewal terms that are more favorable to the insured than those provided in this endorsement, then, except where prohibited by applicable state law, the more favorable terms control.

All other provisions of the policy remain unchanged.