



## CANCELLATION AND NON-RENEWAL AMENDATORY ENDORSEMENT - HAWAII

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) thirty (30) days for cancellation for non-payment of premium; or
  - (ii) thirty (30) days for cancellation for any other allowable reason, prior to the effective date of cancellation.
- C. These are the only allowable reasons for cancellation:
- (i) the license of an insured physician is revoked or suspended by the board of medical examiners;
  - (ii) non-payment of premium; or
  - (iii) the board reasonably believes that a licensed physician or hospital is no longer an insurable risk.
- D. Notice of cancellation must also be sent by certified mail to the Insurance Commissioner not less than thirty (30) days prior to the expiration date. Send the notice to: Hawaii Department of Commerce & Consumer Affairs, P.O. Box 3614, Honolulu, HI 96811-3614.
- E. The notice of cancellation will state the effective date of cancellation and the policy will end on that date.
- 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.
- G. Cancellation is not deemed valid unless evidence of mailing is provided.
- 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 thirty (30) days prior to the expiration date.
- B. These are the only allowable reasons for nonrenewal:
- (i) the license of an insured physician is revoked or suspended by the board of medical examiners;
  - (ii) non-payment of premium; or
  - (iii) the board reasonably believes that a licensed physician or hospital is no longer an insurable risk.



- C. Notice of nonrenewal must also be sent by certified mail to the Insurance Commissioner not less than thirty (30) days prior to the expiration date. Send the notice to: Hawaii Department of Commerce & Consumer Affairs, P.O. Box 3614, Honolulu, HI 96811-3614.
- D. Nonrenewal is not deemed valid unless evidence of mailing is provided.

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.