



**AGREEMENT TO PROVIDE NOTICE OF CANCELLATION TO
SPECIFIED PERSON AND/OR ENTITY ENDORSEMENT - OREGON
(If Policy is Cancelled Before Expiration)**

It is agreed that if the policy to which this endorsement is attached is cancelled before the expiration date, we will endeavor to mail notice to the person or entity named below.

Person or Entity Name and Address: _____

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.